C A D U C E U S

# The Humanities Perspective in Health and Medicine

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# The Humanities Perspective in Health and Medicine

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# A View from the Editor's Chair

With this publication, we mark the ten-year anniversary of *Caduceus*. It seems fitting, under such circumstances, for the journal's editor to reflect on our common cause and to look as well into the future.

We have, I believe, held a steady course. According to the journal's founding editor, Glen W. Davidson, *Caduceus* was published "to assist with the educational and interpretative mission of the health science museums and special library collections." On the basis of that objective, *Caduceus* was subtitled, "A Museum Quarterly for the Health Sciences." Throughout Glen's eight years as editor, *Caduceus* did not waiver from that objective. The journal's cover for the first four years was a rendering of the caduceus, the ancient symbol of healing that is used by all the health professions. The first issue itself consisted of an extended article by John Parascandola on "Patent Medicines in Nineteenth-Century America." Accompanying the article were twenty photographs depicting bygone remedies—from White Willow Bark and Yarrow, to Dr. John Hooper's Female Pills and Lydia E. Pinkham's Vegetable Compound. There were also photographs from a Kickapoo Medicine Show in Marine, Minnesota, and Dr. Matthew's Medicine Show in Black River Falls, Wisconsin (circa 1890s).

Over the years of Glen's watchful stewardship, *Caduceus* grew in size and in stature. A sampling of the nearly one hundred articles published under his editorship include Estelle Brodman's "The Doctor's Tools: From Saddlebag to Hospital," Jill Gates Smith's "Women in Health Care Delivery: The Histories of Women, Medicine and Photography," Hasso von Winning's "Portrayal of Pathological Symptoms in Pre-Columbian Mexico," Alan Hawk's "Transportation of the Wounded: The Models of the Armed Forces Medical Museum," Frederick Karst's "Homeopathy in Illinois," Patricia Spain Ward's "Hygeia's Sisters: A History of Women in Pharmacy," Klaus Meyer's "The Disinfection of Letters: Defense Measures Against Epidemics," William H. Helfand's "Art in the Service of Public Health: The Illustrated Poster," James M. Edmonson's "Sterilizing Surgical Instruments: A Curator's Historical Perspective," Lawrence H. Feldman's "Active Measures in the War Against Epidemics in Colonial Guatemala, 1519–1821," Gershon B. Grunfeld's "Modern Medicine and the Emergence of Biomedical Ethics," Roslynne V. Wilson's "The Ecorché Model and Pre-Vesalian Medical Illustration," and John A. Day's "Oscar Howe: Images of Native American Life and Death." These are just a few representative samples. The remainder are equally insightful.

Beginning in the Spring 1990 issue (Volume VI, Number 1), Glen and the staff introduced a new look to *Caduceus*, changing the size of the journal as well as

replacing the caduceus symbol with color plates depicting each issue's theme. The change brought added luster to an already fine journal. Three covers were especially spectacular: Oscar Howe's "Sioux Medicine Man" (Winter 1992) from the Collection of the United States Department of the Interior, Sioux Indian Museum, Rapid City, South Dakota; Alex Grey's depiction called "Dying" (Autumn 1992) made in 1990 with oil on linen; and Spanish artist Ramon Casas's poster "Sifilis" (Summer 1990) depicting a woman with a snake climbing up her back to epitomize patients with venereal disease. From the words of encouragement that came from the journal's readers, clearly *Caduceus* had crossed yet another watershed in its history.

With the Spring 1992 issue, *Caduceus* marked the passing of editorship from Glen to me and with the passing of the torch, we announced a new subtitle—"A Humanities Journal for Medicine and the Health Sciences." Our decision to make this change was premised on a commitment to maintain the strength of the *Caduceus* past, particularly its museum emphasis, while seeking to capture in name and spirit the added breadth of the humanities. As our readers can attest, the change in subtitle was a validation of topics and themes that had long graced the pages of *Caduceus*.

One cannot reflect on the ten-year anniversary of *Caduceus* without mentioning the journal's strongest suit, namely, the dedication and hard work of its staff. For the first publication in 1985, Phillip V. Davis was Associate Editor and Mary Ellen McElligott was a member of the Board of Advisors. They remain indispensible members of the *Caduceus* staff today—Phil as Deputy Editor and Mary Ellen as Managing Editor. Assisting us are Jean L. Kirchner, Carol Faingold, Barbara Mason, and a loyal Board of Advisors. Providing encouragement and oversight to our collective efforts is Theodore R. LeBlang, our Chair of the Department of Medical Humanities.

From the very beginning, *Caduceus* has been blessed with a caring and committed Board of Advisors. Singly and collectively, they remain our most loyal and trusted ambassadors, helping to identify new authors and subscribers, assisting in the review of manuscripts, encouraging our efforts, and serving as our agents in various state and national associations. To each and all of our board members, we are especially grateful.

A large measure of the pride that the staff has in the journal derives from the recognition it has received in recent years. This includes:

***1994 First Prize, Periodicals.*** World Congress on Biomedical Communications/Health Sciences Communications Association.

***1994 Honorable Mention, Scholarly Journals.*** American Association of Museums.

***1994 Citation of Excellence, Color Photography.*** Central Illinois Advertising Association Addy Awards.

***1992 Award of Merit, Scholarly Journals.*** American Association of Museums.

***1991 Certificate of Excellence, Magazines.*** American Advertising Federation.

We, the stewards of *Caduceus*, reflect on the journal's past with pride and look to the future with excitement and optimism. Our two recent guest editors—Audrey B. Davis and Thomas Neville Bonner—have set new benchmarks for the journal. We pledge to our readers an outstanding list of new themes; the choice of nationally prominent guest editors; continuing quality through peer review; and increased recognition through internationally recognized abstracts and indexes.

Ultimately, however, the success of *Caduceus* depends on the commitment of its readers. We therefore, ask for your continuing advice and support as we venture into our second decade. Please help us to be our best.

J.S.H.

# Making up the Medicine: Apothecaries in Sixteenth- and Seventeenth-Century Edinburgh

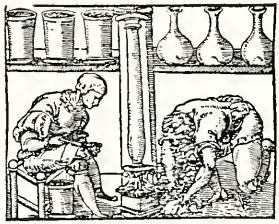
Scotland in the sixteenth and seventeenth centuries was generally underdeveloped and rurally-oriented. Fewer than 10 percent of the population lived in towns.[1] Edinburgh, with a population of forty to forty-five thousand, was the center of the country's political, religious, and social affairs. By 1707, Scotland had lost both crown and parliament to London, but Edinburgh retained its tradition of early urbanization and a predominance of tertiary or service occupations. Poll tax records for 1694, for example, show that there were more than three hundred members of the legal profession in the city, together with thirty-five physicians, twenty-five surgeons, and twenty apothecaries.[2]

### Apothecaries, Surgeons, and Physicians

The art of apothecary (fully-fledged professions as now recognized were some considerable time in the future) was undergoing both change and challenge, some of which was brought on by developing concepts of professionalization among other health practitioners.

Medical practitioners in Edinburgh had two strong corporate organizations: the Incorporation of Surgeons of Edinburgh, founded in 1505 (which became a Royal College in 1781), and the Royal College of Physicians, chartered in 1681.[3] Throughout the seventeenth century, both groups worked towards improving standards of training and examinations, and consequently substantial records survive for each.

The apothecaries, however, pose considerable problems for the historian. Unlike their counterparts in London, who since 1617 had a large and politically powerful corporate organization, the Edinburgh apothecaries had only a fragile and transient fraternity during part of the mid-seventeenth century.[4] Virtually no records of this organization survive. By examining a variety of often unexpected sources, however, it is possible to assess the contribution of the apothecaries to sixteenth- and seventeenth-century Scottish medicine. What emerges from those fragmentary records is proof that the apothecaries fulfilled an important function. They became economically



*A 1538 woodcut showing an apothecary and his assistant preparing herbs*

**by Helen M. Dingwall**

comfortable, and they supplied an increasingly varied and complex array of medicinal substances to patients and to their medical and surgical colleagues. Despite their unorganized status, the Edinburgh apothecaries were crucial to the provision of medical treatment in Scotland's capital, not least because of the prevalent humoral philosophy of medicine and medical treatment.

Apothecaries were the focus of heated debate between physicians and surgeons as to which group should have oversight, including the right to inspect shops and to check on the state of the drugs. The right to "visit the drugs" was hotly contested by all sides, including, naturally, the apothecaries themselves.

Upon petition to the Edinburgh Town Council, the Fraternity of Apothecaries and Surgeon-Apothecaries was created in 1657, with the support of the Incorporation of Surgeons; that small group attracted simple apothecaries and a number of others who were also qualified in surgery. It was, in effect, a loosely-attached subsection of the Incorporation of Surgeons, and its power waned through the seventeenth century. Disputes between physicians and surgeons, meanwhile, reached the highest courts in the land, particularly in the decade following the founding of the Royal College of Physicians. Surgeons had long claimed the right to dispense their own medicines; that right was temporarily removed by a "Decreet of Separation" from the Court of Session (the Scottish supreme court) in 1682 but was restored by gift of William and Mary in 1694.

## Professional Independence

In addition to the need to establish themselves as an independent group, apothecaries had to establish their practice as a profession. They, like many others of the time, suffered from the much more protean, loose, and inconsistent definition of occupations.

In the period under study, "apothecary" could mean one of two things: (1) the individual whose main functions were to stock medicinal substances, make up prescriptions at the direction of a physician, and to retail medicinal substances to physicians, surgeons, and the general public; or (2) generically, any "medical practitioner."

Some patients used the terms physician, surgeon, and apothecary interchangeably. Indeed, all three groups carried out procedures that were strictly outside their terms of reference, and members of each can easily be labelled "general practitioners." Many apothecaries engaged in a considerable amount of independent prescribing. They made follow-up visits to patients who had been seen initially by physicians, and they offered diagnostic advice as a first line of consultation. Legitimate medical and surgical practices were part—often a very small part—of a much broader spectrum of medical care that included opinions and treatments offered by individuals at all levels of society and from all occupational groups. Clergymen, gardeners, quacks, empirics, and wise women all gave medical advice of varying degrees, but by the end of the seventeenth century some little progress had been made towards

separating the authorized from the amateur—and, indeed, the authorized from the authorized—as physicians gradually withdrew from dispensing and apothecaries probably performed fewer surgical procedures.

### Training of Apothecaries

Little direct evidence survives as to how apothecaries were trained, but it appears that apprenticeship was the usual route, and from the mid-seventeenth century at least, formal examinations were undertaken before candidates could set up their own shops or dispensaries. Tests comprised an oral examination and the production of specimens of some of the more commonly used medicinal compounds.

Fragmentary minutes of the Fraternity of Apothecaries and Surgeon-Apothecaries offer the example of Hugh Paterson, who was examined in1686 by the Fraternity as well as the physicians (during one of their short periods of dominance over the apothecaries). Paterson was ordered to "read several receipts," and a further diet of examination was arranged, at which he was to be tested on the compounding of two frequently prescribed items, *unguentum apostolorum* (an ointment) and *emplastrum diachylon magnum cum gummi* (a lead plaster). Paterson's admission to practice was described in the following terms:

> The qlk (which) day the visitor and fraternity of apothecaries being fullie satisfiet with the compositions made by Hugh Patersone conform to the last appointment approve him in that and all his other tryalls and funde him sufficiently qualified to exerce the art of pharmacie & recommends to the visitor to present him befor the toune counsell and declare his qualificationes that he may be duely admitted to the exercise of the sd art. And the sd Hugh Paterson being called in before the visitor and fraternity gave his oath de fideli to this effect that he shall be faithfull in his despensing compounding and administrating of medicaments of all printed and written receipts and that he shall concur with the fraternity in all things tending to the mentinance of their liberties equallie with and proportionallie to each of the rest of the fraternity their proportions as it is now established.[5]

There seems little reason to doubt that most apothecaries faced such a trial before gaining the right to set up independent dispensing shops.

During most of the sixteenth and seventeenth centuries, the philosophy of both medicine and medical treatment was predominantly humoral. It was believed that diseases and conditions were related to an imbalance or deficiency in the four primary humors of blood, yellow bile, black bile, and phlegm. Detailed case histories were taken, often by letter, and symptoms were carefully described. In many cases, however, a central diagnosis was not offered, nor was the patient subjected to detailed physical examination. (The significant changes influenced by men such as Boerhaave in Leiden in science, medical education, and philosophy were far in the future.)[6] Thus, given the essentially descriptive nature of medical assessment, treatments consisted primarily of purges and vomits to remove evil humors, followed

by a prescription to deal with each separate symptom.

As recipes became more and more complex, containing a wide variety of substances (including antimony, arsenic, and mercury), the dispensing apothecary became increasingly important in the delivery of medical care. Although medicines were made up "at the direction of the doctor"—very much in the same way that they are today—the apothecary (and even the patient) was much more independent. Medical practice was private (apart from some free treatment given to those poor enough to obtain a certificate from the Kirk Session), and the patient had considerably more influence on his or her treatment, especially on the extent to which physical examination or invasive procedures would be permitted.

Patients were free to summon as many medical attendants as they wished, all of whom might offer different cures; such consultations resulted in a great deal of work for the apothecary, who himself often had diagnostic input. Patients also indulged to a considerable extent in the circulation of patent cures and medical recipes, some of the ingredients for which were purchased from the apothecary, who, therefore, drew in lucrative business from a variety of sources.

As noted, the central pillars of medical treatment were purges, vomits, and enemas, occasionally followed by specific symptomatic treatments. The *Edinburgh Pharmacopoeia,* which began in 1699, soon became the basis of prescribing for many generations of Scottish physicians.[7] Most of the substances listed in its pages had been in use from at least the early sixteenth century, however. By far, the majority of ingredients used to make up the various pills, plasters, electuaries, decoctions, ointments, and syrups were of vegetable origin, comprising herbs, seeds, bark, flowers, and roots. Such chemical products as oil of tartar and spirit of sulphur, although somewhat controversial, were in use by the second half of the seventeenth century.

Aromatics (including myrrh, roses, and almond oil) helped to make the concoctions more palatable, particularly those containing earthworms, beetles, snails, or worse. Patients purchased materials with which to make up their own medicines, but more complex prescriptions were compounded by the apothecary, particularly when noxious substances such as arsenic or mercury were called for.

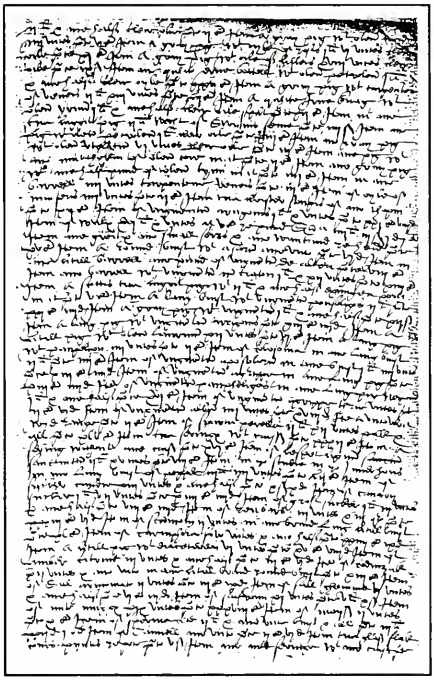
An additional illustration of the central role of the apothecary in early-modern medicine can be seen in the inventories of apothecaries' shops, together with accounts submitted to their patients. The earliest surviving inventory is that of Thomas Davidson, who was a dispenser of medicines for several decades until his death in 1575.[8] Contents of his shop are listed in detail in his testament, and many of the substances appearing in the *Edinburgh Pharmacopoeia* more than a century later were to be found on the shelves. Vegetable substances included tamarind, cardamom, and lupin seeds, as well as opium, almonds, roses, cloves, cannell, mint, frankincense, myrrh, and

capers. Animal and mineral items included beetles, millipedes, arsenic, antimony, borax, and mercury.

Perhaps the most striking aspect of Davidson's inventory is the large number and wide range of "made-up" substances available in the form of prepared pills, plasters, and ointments. More than seventy such compounds are listed, including:

Pilulae hermodactylis (cathartic, plant imported from Turkey)
Pilulae aromaticae (aromatic pills)
Unguentum apostolorum (named for its twelve ingredients, plus oil and vinegar)
Unguentum de althea (ointment from the marshmallow plant)
Unguentum nutritum (ointment containing oxide of lead, vinegar, and olive oil)
Unguentum populeon (balsamic ointment)
Emplastrum diachylon (lead plaster)
Emplastrum melilot (plaster made with honey)

Clearly, Davidson not only had a fair knowledge of Latin but also an understanding of the many substances involved and the methods for making up the compounds. He was clearly able to supply the customer with either the prepared compound or the necessary ingredients to be compounded by the patient. Although it is impossible to draw conclusions as to the quality or sufficiency of Davidson's medicines, the variety of stock suggests that his business was good and that there was a steady demand for the products (particularly because of the probably brief shelf-life of many of the items). Moreover, Davidson's shop was exclusively that of a dispensing apothecary, unlike apothecaries in London, many of whom also stocked general grocery products.[9] Other inventories confirm the conclusions drawn from Davidson's records.

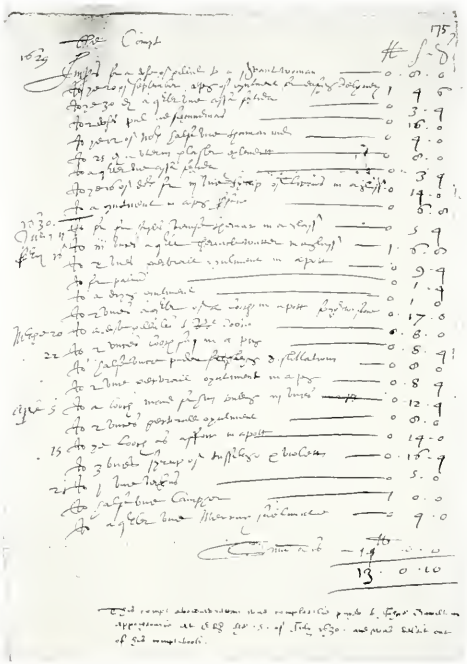


*Page from inventory of Thomas Davidson's shop as given in his 1575 testament. Among the items listed are oil of roses, oil of lilies, "one quhite erine (iron) bottell wt oleum petroleum," Venice turpentine, and "tua seryngis wt caissis."*

A manuscript list of curative substances compiled by the eminent Edinburgh physician Sir Archibald Pitcairne towards the end of the period contained many of the same items, which were evidently still considered useful by the most learned medical opinion in the land.[10] Neither the general principles of medical treatment nor the

substances used in the prescriptions had changed very much, but prescriptions became increasingly complex, perhaps in part because of the physicians' perceived need to "out-prescribe" other practitioners.

Evidence from individual patients illustrates the day-to-day work of the dispensing apothecary. In 1617, John Hamilton submitted a bill to the Earl of Dundas for £30 covering "almond milk" made "according to the doctors ordinance" as well as cinnamon and "a gargarisme [gargle] to his mouth"; of those, the first would be supplied ready-prepared.[11] The following year a charge was made for "pudries [powders] for ane mixtour to rub upon his forhead"; most likely, those powders would be made into a mixture by household servants. In many accounts, the items described as "materials for" were clearly intended to be processed by the patient, a household servant, or relative. The Earl also received "materials for fomentation to his breist," together with a pectoral ointment, a purgative electuary, a vomiting potion, and a dose of mercury sublimate, the latter supplied in July 1630.[12] Those prescriptions confirm the prevailing concerns with vomits, purges, and specific local or symptomatic treatments—in case apparently for a chest complaint. The excessive salivation and mouth ulcers produced by the repeated ingestion of mercury would in turn require symptomatic treatment.



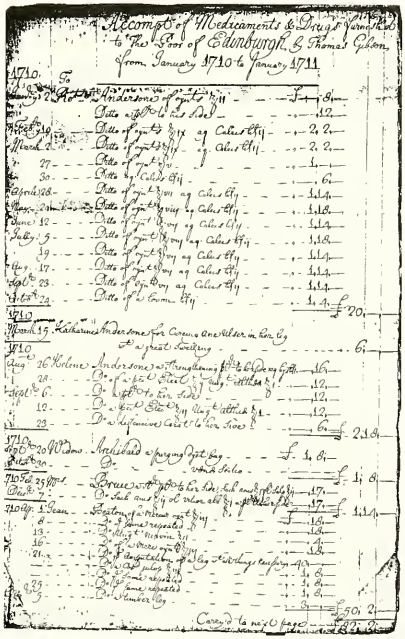
*Account submitted by apothecary John Hamilton to the Earl of Dundas on July 5, 1630. The first entry is for eight shillings, the cost of "a dose of pilluls to a servant woman." Camphor, Venice treacle, and tamarinds also appear. Mercury sublimate is the last item; a quarter of an ounce cost four shillings.*

## Treatment and Social Status

Much of the available evidence concerns patients of high social rank, but common diseases did not spare the rich and powerful. In 1638, for example, the Earl was prescribed a powder to cure him of an infestation of worms, in addition to the standard range of vomits, purges, and cordial drinks. Perhaps the main difference for the apothecary was that the rich could afford to consult more practitioners and purchase compounds more frequently. Surviving accounts for the surgeon to the poor of Edinburgh for the year 1710 confirm that prescriptions supplied to charity patients were very much the same as those offered to the

wealthy.[13] Treatments offered to those on welfare benefits included lime water, pectoral compounds, strengthening plasters, mercury ointment, cordial juleps, vomits, and purges.

Further evidence comes from an account due to surgeon-apothecary James Borthwick of Stow by Sir James Gilmour, Lord President of the Court of Session. That particular bill covered Borthwick's services to the Gilmour household for the year 1666–1667, and contained more than 370 separate items, of which 36 percent were for purges, vomits, enemas, and various types of cordial julep and diet drinks.[14] Thirty-five items related to pectoral substances for chest complaints; nineteen to the preparation of plasters—some of which were intended to blister or break the skin, the remainder being general strengthening plasters. There were ten purchases of almond oil, seventeen of roses in various forms, and five of lemon juice (doubtless used for the treatment of scurvy, a distressing and debilitating condition that struck at all levels of society). Herbal substances prescribed to the Gilmour family included sage and rosemary. Diapalma—a compound containing oxide of lead, olive oil, and pork fat—was supplied on more than twenty occasions; diapalma was generally applied as a plaster on leather. The prescription of several soporific pills and potions perhaps reveal the pressures under which the eminent judge worked, only six years after the restoration of the monarchy and during a period of continuing political and religious turbulence in Scotland that would culminate in the "revolution" settlement of 1689-1690 and the accession of William and Mary.



Although there are fewer extant records relating to treatment of the poor, it is certain that the same sorts of substances were prescribed to those lower on the social ladder. Also, some substances were widely used in popular recipes in amateur circulation, particularly those that could be grown locally in herb gardens or small household plots. The most common cures for scurvy included lemon juice, scurvy grass, and

***Account for the surgeon appointed to treat the poor in 1710. Note the repeat prescriptions and the case of Jean Beaton, whose leg was amputated at a cost of £40 and who was supplied with a "timber leg" some six months later. Other items issued include lime water ("aqua calcis"), mercury ointment, and strengthening plasters.***

asses' milk; many common herbs appeared in both the *Edinburgh Pharmacopoeia* and amateur recipes. Even the most highly-qualified practitioners were not above offering prescriptions containing sliced earthworms, roasted snails, and quantities of horse droppings (although it is not clear whether the apothecary was expected to supply such ingredients).

A particularly distasteful remedy for convulsions and gout was in circulation around the landed estates of Edinburgh, the recipe for which was as follows:

> Take one peck of garden snails, put ym in an oven ashet as for cheese cakes, qn they have done making a noise, take ym out, & wash ym very clean in beer, also take two quarts of great earth worms, slit ym & scoure ym in water & salt, then wash ym well in bear, let both stand to drain well. Take angelica, celandine, wode, sorrell, agrimonie, bobony, carduus & ye inner rynd of barberrie bark, each two handfull, of rue one handfull, of rosemary caps & flowers three handful, of bearfore one handful & a half, of red dock roots scrapd & ye pith taken out, two handful, cut ye herbs, slice ye roots & put ye snails and worms in a stone mortar, lay ye angelica in ye bottom of your lombock (pot), & ye rest of ye herbs mingled together, only keep out a few to strew among ye snails & worms, yn lay ye dock roots & ye snails & ye worms, yn put in three ounces of cloves & of turmerick, ye weight of a shilling of saffron & six ounces of harts horn shavings, put in three gallons of good strong ale & three quarts of canary, stop your lombock close & let it stay twelve hourse, yn steel it off, ye fire must not be too hot at yt first, it wil make ye water run white & perhaps make your limbock fly open.[15]

It is to be hoped that the beer, wine, and spices masked the flavor of the snails and earthworms. Even such an eminent and learned practitioner as Archibald Pitcairne was not above offering the bizarre on occasion. One of his prescriptions for smallpox stated:

> After the Pox appears and Fever is gone, then steep a handful of sheeps' purles in a large mutchkin [one mutchkin equals 0.43 liter] of Carduus water, hyssop water or Fountain water for five or six hours, then pour it off without straining, and sweeten it with syrup of red poppies, give of this a spoonful or two every fourth or fifth hour to make the pox fill and preserve the throat.[16]

## Apothecaries as Merchants

As well as making up medicines and offering general advice to individual patients, the Edinburgh apothecaries retailed medicinal ingredients to fellow apothecaries and to other practitioners, either pre-compounded or as raw materials. The Burgh Court books contain several instances of judgements for payments to apothecaries; in February, 1677, for example, William Scott was ordered to pay fellow apothecary Robert Hannay £400 for both drugs and ingredients.[17] Since many apothecary staples, including the widely-used almonds, had to be imported, expenses could run high. Such exotic items as castoreum (extracted from the inguinal glands of the Russian beaver and used as an antispasmodic) were quite difficult to obtain, particularly when trade was interrupted by war or other national unrest. Pirates and privateers were an

ever-present threat to merchant shipping.

## Conclusion

The apothecary of sixteenth- and seventeenth-century Edinburgh played an important and evolving part in the provision of medical care. His central role as supplier and dispenser of medicines has perhaps hitherto not been adequately highlighted, perhaps because of the problems of separating out his apothecary work from his unauthorized and much-persecuted surgical or medical functions.

Further research is necessary to further delineate his many functions and to compare those with apothecaries elsewhere. Despite their lack of corporate organization and political power, the apothecaries of sixteenth and seventeenth-century Edinburgh clearly played an important part in the delivery of medical care. That status was in no small part due to prevailing philosophical disputes and prescribing practices between and within other practitioners—the eventual resolution of which would result in the subordination of apothecaries in the eighteenth and nineteenth centuries. Nevertheless the period from 1550 to 1700 was a vital era deserving of greater examination and study. [18]

■

# Notes

1. For a discussion of population, see Jan De Vries, *European Urbanisation, 1500–1800* (London: Methuen, 1984), 255–57, and Ian D. Whyte, "Population Mobility in Early-Modern Scotland," in *Scottish Society 1500–1800,* ed. Robert A. Houston and Ian D. Whyte (Cambridge, Eng.: Cambridge University Press, 1989), 37–58.

2. For a population analysis of the city, see Helen M. Dingwall, *Late-Seventeenth Century Edinburgh, A Demographic Study* (London: Scolar Press, 1994), 13–21.

3. William S. Craig, *History of the Royal College of Physicians of Edinburgh* (Oxford: Blackwell Scientific Publications, 1976); Clarendon H. Creswell, *The Royal College of Surgeons of Edinburgh* (Edinburgh: Oliver and Boyd, 1926); Helen M. Dingwall, *Physicians, Surgeons and Apothecaries: Medicine in Seventeenth-Century Edinburgh* (forthcoming from Tuckwell Press, Edinburgh).

4. Cecil Wall, H. Charles Cameron, and E. Ashworth Underwood, eds., *A History of the Worshipful Society of the Apothecaries of London* (London: Wellcome Research Institute, 1963); Juanita G.L. Burnby, *A Study of the English Apothecary from 1660 to 1760* (London: Wellcome Institute for the History of Medicine, 1983).

5. Minutes of the Fraternity of Apothecaries, Nov. 13, 1686, Royal College of Edinburgh.

6. For assessment of the influence of Boerhaave on Scottish medicine, see, for example, Andrew Cunningham, "Medicine to Calm the Mind: Boerhaave's Medical System and Why It Was Adopted in Edinburgh," in *The Medical Enlightenment of the Eighteenth Century,* ed. Andrew Cunningham and Robert French (Cambridge, Eng.: Cambridge University Press, 1990), 40–66.

7. David L. Cowen, "The Edinburgh Pharmacopoeia," in *The Early Years of the Edinburgh Medical School*, ed. Ian G. Anderson and Robert Simpson (Edinburgh: Royal Scottish Museum, 1976), 25–45.

8. Testament of Thomas Davidson, June 18, 1575 (Davidson died in October 1574), Commissary Court Register of Testaments, Scottish Record Office (SRO), Edinburgh.

9. Burnby, 21–22.

10. Edinburgh University Library, Dc.1.62, Praxeos Pitcarnianae, 145–55.

11. Advocates Manuscripts 80.2.5, Aug. 2, 1617, fol. 172, National Library of Scotland; also supplied were candles and "thus (myrrh) to perfume his hous."

12. Ibid., fol. 175r.

13. "Accompt of Medicaments and Drugs furnished to the Poor of Edinburgh by Thomas Gibson from January 1710 to January 1711," fol. 172, Moses Bundle 135/5321, Edinburgh City Archive.

14. MS 5291, National Library of Scotland.

15. GD18/2125/18, Scottish Record Office.

16. Robert Thin, "Archibald Pitcairne, 1652–1713," *Edinburgh Medical Journal* 5 (1928): 376. Pitcairne was also known to advise such outlandish remedies as the application of live doves to the soles of the feet.

17. Burgh Court Register of Acts and Decreets, Feb. 8, 1677, Edinburgh City Archive.

18. The topic is dealt with in greater detail in Dingwall, *Physicians, Surgeons, Apothecaries*.

***ACKNOWLEDGEMENTS***

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# Medical Controversy in the Nineteenth-Century American South: Botanics vs. Allopaths

*This paper draws upon the memoirs and published letters of Dr. Gideon Lincecum (1793–1874), the author's ancestor. It was first delivered at the Eighth International Conference on Traditional Medicine and Folklore, held at Memorial University in St. John's, Newfoundland, on August 19, 1994.*

My name is Gideon Lincecum, and I was born 201 years ago in Georgia. I made my fortune in Mississippi as a botanical physician, but it was in Texas that I built such a reputation as to cause my old bones to be dug up from their original resting place and reburied in the Texas State Cemetery in Austin in 1936. They even erected a fancy tombstone that says, with considerable exaggeration, that I was an internationally famous botanist and friend of Charles Darwin.

It is true that I corresponded with Mr. Darwin, as well as other leading scientists, and I contributed thousands of botanical specimens to several world-renowned museums (including the Smithsonian, the British Museum, and the *Jardin des Plantes* in Paris). But it is my work as a botanical physician that brings me before you today. In particular I want to talk about the conflicts and controversy between adherents of the allopathic and botanical systems of medicine in the American South during the years 1830 to 1850. First, I need to give you some background on my medical career.

## Early Years and Medical Studies

I was born in 1793 in Georgia and grew up on the frontier with Muskogee boys as playmates. At an early age I learned how to find native remedies for many illnesses. By the age of fifteen I knew enough herbal medicine to gain a reputation as a "sure-cure Indian doctor."

When I was eighteen, Dr. Henry Branham, a physician in Eatonton, Georgia, encouraged me to read medicine in preparation for entering the profession. In my twenties, I studied medical books in my spare time while clerking in an Indian trading post. After becoming a volunteer in the War of 1812,

**by Jerry Bryan Lincecum**

I attained some practical experience while nursing my fellow soldiers. But I didn't try to make a living as a physician until I had first made and lost one fortune as an Indian trader in the Choctaw and Chickasaw Nations of Mississippi.

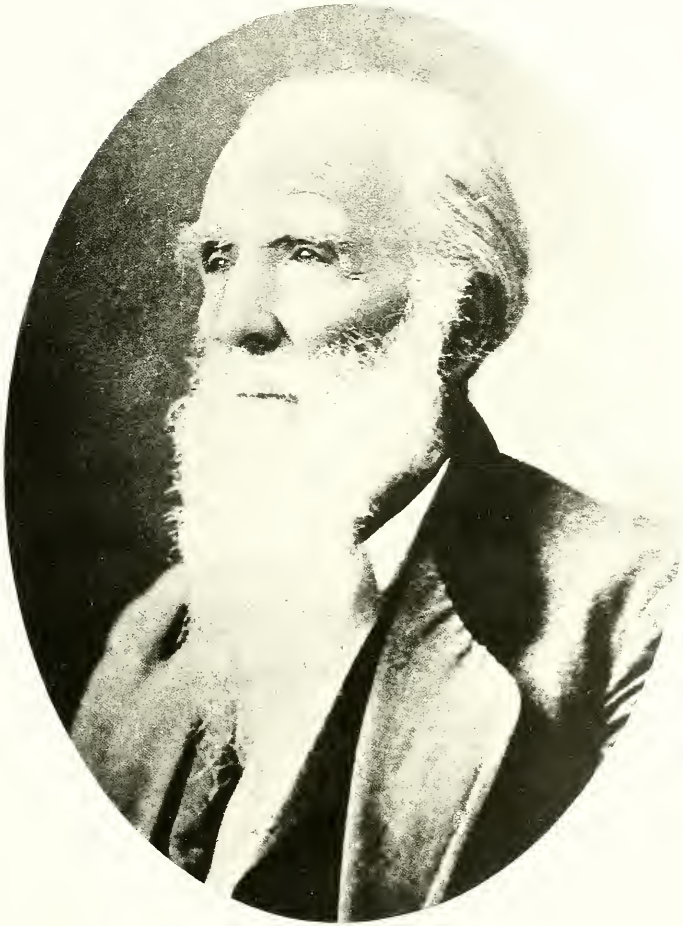
I followed the advice of Ben Franklin and married early, when I was twenty-one. My beloved wife Sarah and I lived together fifty-seven years and had thirteen children, ten of whom lived to adulthood. The eight boys I gave the names of illustrious Greek physicians: Lycurgus (1815), Lysander M. (1817), Leonidas (1821), Leander (1824), Lachaon (1827), Lucullus (1828), Lysander R. (1836), and Lucifer (1847). The four girls who survived infancy were Mary (1825), Leonora (1830), Cassandra (1832), and Sarah (1833). All my children, male and female, were trained by me in the botanic method. All of the boys practiced at one time or another. Leonidas was sent to Cincinnati to study with Dr. Alva Curtis. Lucullus practiced medicine throughout his lifetime and had two sons who became prominent physicians. My youngest child, Sarah, was an able assistant for my scientific work, and she deserves credit for preserving my letters and papers.

## Cholera

I began practicing allopathic, or Old School, medicine in 1830, near the Mississippi town of Cotton Gin Port, on the Tombigbee River, about thirty miles north of Columbus. I remember the anxiety bordering on panic that we felt in 1832, when the alarm of cholera—or "bloody flux"—reached the United States. Where it struck, it killed two people out of every hundred. I was very successful in treating the flux, but I lost many important patients from the stubborn fever that sometimes followed. Brooding over those deaths, I began to doubt that our Old School remedies cured any of it, and I watched the effects of our medicines very carefully.

One day a large, muscular, and very strong man, about thirty years of age, fell into my hands. Feeling a strong desire to restore him, I stayed with him and did my very best. He died under circumstances that left me but little grounds to doubt the fact that the calomel and other poisons of the allopathic system hastened his dissolution.

I was greatly discouraged. The death of this strong man, along with three others that fell under my treatment that season—as well as the hundreds that were dying all around me in the hands of other physicians—convinced me that allopathic remedies were impotent. Worse than that, they seemed to increase the force of the disease. I was tired of killing people, and concluded to quit the man-killing practice. People came for me, but I refused to go. I moped around for two or three weeks until my mind settled on a plan. The plan I conceived was to visit an Indian doctor of great reputation who resided nearby in the Choctaw Nation, and get him to show me what he knew of medicine and disease. Having been raised among Indians and having spent the greater part of my life with them, I knew a great deal about their ways. Also, I could speak and write the Choctaw tongue. Nevertheless, I had



*Dr. Gideon Lincecum, on his eightieth birthday in Austin, Texas*

never seen the *Eliccha Chito* (Great Doctor of the Six Towns), and so I arranged to meet him.

As soon as he discovered me, the old doctor hailed and said, "I know who you are, and what a pity it is you are a white man." "Why?" said I. "Because you would have made such a good Indian," he replied. Together we spent six weeks in the woods, myself having contracted to kill game for our food and to pay him fifty cents a day to teach me all he knew about nature's remedies. I made detailed written notes in Choctaw and kept samples of the herbs. Before we parted I read all my notes back to the *Eliccha*. He instructed me in making several corrections and additions.

### Return to Medicine

Now that I had a whole new arsenal of nature's remedies at my disposal, I resumed the practice of medicine. About this time Samuel Thomson's *Guide to Health* was being widely distributed at $20 a copy. Adherents to his system were felicitating themselves at their good fortune, for now—with their lobelia, cayenne, nervine, etc.—they felt able to cope with disease in any form. I listened to the bragging and prating amongst the "steam doctors," as all those who had purchased Thomson's patent were called. I verily thought it to be the most perfect tomfoolery I had ever heard in all my life. We regular physicians referred to them derisively as the "steam and puke" doctors.

But one of my neighbors, a wealthy man named Pruett, persuaded me to try the Thomsonian system. When I began to practice on his household, I observed that the Thompsonian system was superior in treating some illnesses. So I began a "double practice," letting my patients choose. Here's how I did it. I had large, double saddlebags made, and for a time I carried the Thomsonian medicines in one and the allopathic drugs in the other. There were a number of families in the community who had furnished themselves with Thomson's books, and they all encouraged me to go ahead in procuring plenty of his steam medicines. They agreed to employ me if I would confine my practice in their families to the Thomsonian medicines; meanwhile, I might administer my allopathic poisons to all else who desired them.

Some of my Old School customers, after hearing of the wonderful accounts given by the Pruetts of the cures I had performed, desired me to practice the botanic system on them. It frequently occurred at houses where two were sick at the same time that one would require the steam practice while the other would say, "Give me the Old School medicines, for I would rather die scientifically than be cured by quackery." In my year of double practice, I demonstrated through hundreds of cases the superiority of the Botanic system. I desired to discontinue the allopathic system altogether, yet I knew many of my patrons still preferred the old medicines. I concluded to carry the strong drugs with me until about the middle of the second year of my double practice.

Then, under circumstances leaving me no ground to doubt the fact that the death was occasioned by allopathic remedies, I lost a two-year-old child. While I gazed on the twitching muscles of the

dying child, I made a solemn vow to myself that I would never administer another dose of allopathic poison. I started home; and after passing through the gate into the big road, I emptied those medicines from my saddlebags. It was the heat of a summer day, and one of the vials containing sulphuric or nitric acid burst from the heat and flowed into a paper containing chloride of lime, which caused considerable effervescence.

My discarded heap of acids and chemicals boiled and smoked for two or three days. Many came to see it. The allopathic doctors, who by this time were beginning to say a good deal about my apostasy, made a great scandal out of the boiling mass I had thrown out at Malone's gate. But I turned the tables by telling them that it was all Old School poisons I had thrown away. Further, I said, if I kept my senses I would never kill any more children with it. I vowed never to carry a particle of it with me again.

About the same time I had a personal experience that also encouraged me to change from allopathic to botanic medicine. It began when I suffered a severe heatstroke as a result of overexertion while on a bearhunt. When they carried me home, I was utterly helpless. My condition was made worse daily by the kind attentions of my allopathic medical friends who flocked around me from some distance. As I lay there and fretted at the hard fortune that had befallen me, my doctor friends came often to see me and to note my progress. It was an interesting case, they said, and they wanted to watch it through all its changes and variations. Their opinions and prescriptions were as varied as their faces. Bleeding was the remedy most universally believed in; and since I also had faith in it, I bled myself every day. In twenty days I had taken more than twenty pounds of blood. Hoping to salivate myself, I also took ten-grain doses of calomel daily and rubbed myself with 1 $\frac{1}{2}$ pounds of strong blue ointment of mercury.

I will continue the account of my treatment according to the allopathic system by reading from a letter I later published in the *Botanico-Medical Recorder* of November 30, 1840, in which I described my conversion to the botanic system:

> Every bone and sinew throughout my whole frame was completely saturated with mercury, this curse of curses. From a strong athletic man of 220 pounds, I was reduced, in the prime of life, to a shattered fragment of an old man, weighing but 137 pounds, and considerable of this weight was evidently mercury! My stomach was ruined, my heart palpitating and floundering as though it was endeavoring to make its escape from its miserable tenement. In this condition, I dragged out five years of exquisite wretchedness. About the expiration of this period the *steam doctors* came into our country—the disgusting, ignorant steam doctors! Upon them I vented my spleen and derision. But I know now who was the fool then! And I here frankly confess that it was not the steam doctors but myself; and I had not long taunted and insulted their benevolent ears . . . before I was obliged to confess it. Then I was induced by Mr. Samuel Pruett to try some of the Thomsonian remedies. I

had not experimented long before I found myself gaining strength; and although it produced heavy salivation, I continued to persevere in the use of the Botanic medicines (having by this time procured a set of books), until I was restored, not to perfect health, for that is impossible, but to a considerable degree of usefulness to myself, my family, and to many of my fellow beings. I have since been the humble means of turning many others to a full belief in the superiority of the Botanic system of the practice of medicine.

That was the gist of my letter, which the editor of the *Recorder*, Dr. Alva Curtis, then one of the leading lights of botanical medicine, prefaced with the following remarks:

A WORD TO SCIENTIFIC PHYSICIANS–

See here, friends, is one of your own number—no way inferior to the best of you, in talent or education, who joins us heart and hand, in the destruction of the system of poison and bloodshed which you approve. He does it against every selfish interest. Why should he thus boldly face every opposition, if not purely for the cause of humanity? We beseech you, think of these things, and come over to our little Spartan band and help us. We M.D.s number more than three hundred or five hundred . . . who go for the Theory and Practice of Medicine as advanced and defended in the Recorder. Defeat and confusion are certain to him that "withstands us *to our face*." Throw aside your prejudices and your fear of the world's scorn and exercise the independence of men—examine impartially and thoroughly our Theory and Practice, and reject it if you can; if you cannot, then join us in this glorious reformation.

In those times we botanics regarded ourselves as apostles of reform, not unlike the Protestant reformers of religion in Europe who overthrew the domination of the Roman Catholic church. Dr. Curtis also prefaced my letter with an exhortation against calomel, which was in our eyes perhaps akin to the holy water administered by the Catholic priest: "Ye lovers of calomel, just see what it can sometimes do, yea what it often does, and cease your caresses of this scorpion in your bosoms, and your abuse of those who benevolently warn you against its withering and destructive fangs."

There you detect some of the battle cries that marked the conflict between allopathic and botanic medicine in the United States around 1840. A few excerpts from other letters I wrote to the *Botanico-Medical Recorder* will give more insight into the local warfare that went on in Mississippi as the two systems existed side by side. This one is dated October 16, 1839.

DEAR EDITOR:

A good many people have died about Aberdeen, Cotton Gin, Columbus, and along the Tombigbee river latterly, and are still dying under the Old School practice—very few under the improved system; under my hands, none this year, and I have had a great many cases in the river country.

I have used the lobelia this season like a man, depending principally in congestive fever on the emetic. I have succeeded to a miracle. In many, at the commencement of the disease, I have vomited them from three to four times a day, and in one

particular case, a lady of a robust constitution, I administered between daylight and bedtime, six emetics, literally puking her all day. It was the most violent attack I have seen this year—yet she was up in three days.

G. LINCECUM
Wall's Tanyard, Miss.

P. S. I do not now recollect, whether I mentioned to you in either of my previous letters, that I had a new student. He is, and has been for the last ten years, a very respectable practitioner of the Old School. He graduated at Philadelphia, practiced in one of the hospitals of that city three years, and in several of the other towns in Pennsylvania. He is quite the intellectual gentleman, and will, I have no doubt, do honor to the Reformation.

Naturally, we botanics were pleased to have an opportunity to heal a patient who had been given up as a hopeless case by allopathic physicians. Here is an excerpt from a May 20, 1840, letter I wrote to the *Recorder* giving an account of my successful treatment of an extraordinary case described by the old school doctors as hopeless.

DEAR FRIEND CURTIS:

There has occurred, in my practice, a case which I am induced to believe is without parallel. The disease itself is one of not very unfrequent occurrence in extreme old age. But the successful treatment of it is nowhere recorded in any work with which I am familiar. This case was examined by eight intelligent physicians—some of them eminent—of the Old School faculty, all of whom coincided in the opinion that, to attempt anything beyond palliatives, was useless; that a cure was impossible; and some of them went so far as to assert that "it would be as well to attempt to stop the lightning from heaven, as to hope to succeed in such a case."

I let none of this interfere with the regular and energetic course of treatment which was constantly going on, nor discourage this practitioner; for such is his confidence in the Botanic System of Practice, and he speaks from experience, that he should censure himself with negligence and injustice, both to his patient and the system he practices, were he to abandon a patient whilst there is breath. . . .

***The author, dressed in period costume to role-play his great-great-great-grandfather, beside the entrance to a bicentennial exhibit at the Texas Memorial Museum exhibit honoring his ancestor's achievements in science and medicine***

Although this man's friends had given up hope so far as to begin preparing his shroud, I restored him with diligent, remediate management under the botanic system of treatment. In the course of eight weeks this seventy-year-old gentleman regained his health, and became once again constitutionally as sound as any man of his age in the country. At the time I wrote, he was visiting his children, by turns, and was in fine spirits.

In my next letter to the *Recorder*, I was so hard on the mineralites (another term for the allopaths), that Dr. Curtis rebuked me. My letter appeared on page 130 of volume 10 (1841–1842).

DEAR SIR—

Enclosed is $3, payment in advance for vol. 10th of the Recorder, and for your system of Obstetrics. You must excuse my late remittance, for I have been so completely overwhelmed in my practice, that I had not, until now, thought of it.

For what is said above, you will be ready to conclude that the Botanic system is going ahead in this quarter. It is even so. It is true, that we meet with considerable opposition from the mineralites, but it is all done when we are not present. There is none of your face-to-face controversy among us now-a-days. For my own part, I consider it best to let them jaw on, and, in the meantime, I shall attend to my business. I frequently hear of their puny efforts abroad, but the people, nevertheless, continue to seek my services, from a great distance, in all directions; thereby proving conclusively to my mind, that all the mineralites' nonsensical talk about patients burning up with pepper, being poisoned with lobelia, steaming to death, &c. &c., has but little weight with the good sense of this community. There are, occasionally, some awful tales told to the people by the scientific gentlemen of blood and poison. [Here Dr. Curtis marked a footnote, which read as follows: This is pretty rough language, friend L. How would you have liked it, had we used it in reference to you, when you belonged to the same craft? A soft answer turneth away wrath, and good words and gentle means convert the wayward.]

This opposition, my brethren of the reformation, is no more than we should expect from such a source, and it is your business, by industry and a proper application of your powers, to overcome it. Ye men of genius, with minds formed not merely to talk about the profession, but to improve it, never shrink from your duty for fear of the blockheads; formidable as they may appear at first onset, if left to themselves, they will soon collapse into their natural insignificance. . . . As knowledge steadily advances, these men of mere violence will, I trust, appear before the world in their true characters, while the names of Thomson, [Wooster] Beach, [Horton] Howard, and a score of other master-spirits—who are now laboring in earnest for the benefit of mankind—with still increasing veneration and applause, will, I persuade myself, descend to the latest posterity.

Thine,
GIDEON LINCECUM

On October 11, 1843, I penned another epistle to the *Recorder* on the subject of conflict with allopathic physicians, and I quote a key passage:

> All we want in this matter is investigation by the people. It is before them we are ready and willing to stand our trial; not the M.D.'s, for before them, with their want of common-place politeness, want of justice and a knowledge of correct principles, our chance would be but poor. We ask of them no favors, . . . but of the people

we do ask their most serious scrutiny. Look around upon the circle of your acquaintance, and number the victims to scientific quackery you shall find there; collect them into a close room, and then bring forward your perfumery, your roses, your cologne, not for comparison, but to quench if possible the intolerable exhalations rising from this triumph of mercury and the law-protected *doctors*. There's your consumptions; your cancers; your carbuncles; your putrid ulcers; your black snaggle teeth; your decayed jaw; your rheumatism and gout; your victims of endless variety of dyspepsia, asking advice of every man they meet, for they have long since become discouraged with the doctors; and there's writhing mania with paralysis and bloated hydrops in his train; and your lean, lank, walking skeleton, with his large, white, porcelean eyes, glaring on you for help; along with every form of cripple, from rickets and the hereditary knobby, scrofulous scrub, down to the crutch and the wooden leg! And all this is daily and hourly being produced by the boasted science of medicine; to this point we call the attention of the community. Everybody can tell us long dreadful accounts of the deleterious effects of Calomel and Co., all perpetrated too by the hands of the scientific *doctor*.

And will not the people inquire into this matter? Shall a subject of such vital importance; a subject involving every interest, be withheld from the observation of the free and independent American citizen? Surely not. We answer with a confidence that shall not be disappointed. In support of this confidence, we find the Thomsonian medicines in almost every family throughout the country; not only with the common citizen, but with a large number of the *doctors*, hundreds of whom have openly advocated the whole Thomsonian system and are practicing accordingly; a great many more are bragging to their patrons that they do not *give calomel*, and nearly all of them have stealthily procured a knowledge of some of the properties and uses of cayenne, bitter root, lobelia, &c., and are swaggering about telling the wonders they have performed with them, and all the while using every disparaging epithet that they are capable of inventing to sink the reputation of the botanic system. What foolery? I wonder if they think that, at this late hour, they can crush the widespread spirit of investigation, by cajoling the community with such inconsistent slang as that? Never. No, gentlemen *doctors*, you must try some other trap, the thing is dead—out with your old tricks. The sheepskin passport will do no longer.

Respectfully,
G. LINCECUM

On October 22, 1844, I wrote the *Recorder* once again, and this time I singled out a new stage in the conflict and an emerging villainous type, which I later referred to as "the half-way men":

The Botanic system is making rapid and deep impressions on the minds of the citizens of this country; not only with the common mass of the people, but it is deeply seating itself in the minds and the practice of the Old School doctors. They are, to be sure, talking all they can against the system openly; but secretly and stealthily, they are practicing with every remedy they can find out belonging to it. This is strange conduct for such *superior learned and talented beings*. For while they are privately saying all they can against us and the system we practice, a great many of them are familiar and friendly when in our presence, asking and inquiring about our remedies, &c., aye,

more they occasionally write us letters imploring us to attend certain of their patients, and still in their small and ever-diminishing circles, they do all they can to excite the prejudices of the people against the Botanic practice. There are, I may say, a few honorable exceptions, but they are, indeed, very few.

I have prescribed, by their request, for the cases of several of the Old School doctors, and still they talk! Well, let them talk on, if that is any comfort to them. The day is not far distant when they will have to do something more than tell tales; for they know now, and so do I, that if there were a sufficient number of skillful Botanic Physicians to fill the demand for them, their business would be nothing but talk, sure enough.

There is a kind of mongrel practitioners, spread over the whole country, who are doing the cause of reform more injury than the poison doctors themselves. They tell the people that they are Botanic physicians. They use a little of such botanic medicine as the people are acquainted with, and in this way keep up the notion among the people, that they are truly Botanics; but in their hearts and in their practice too, as far as they can deceive their customers, they are wholly and solely, advocates for the cheap and easy system. They have students to whom they pretend to teach the Botanic system, at least they prevail on the students to say so; but they invariably advise them to graduate at the Old School Colleges, telling them that it is the most respectable and will redound most to their interest, &c. All this is wrong. The two systems are wholly different. One using poisons, and practicing on the names of disease. The other using innocent sanatives, acting in accordance with the laws of life, and practicing on the symptoms present. Nothing could be more widely different, either in action or result.

These on-the-fence doctors are laying up for themselves treasures of ridicule and contempt; for although they may act for awhile as an obstruction to the *true* science of medicine, they cannot succeed. They are a kind of secondary morbid action upon the body medical, who are destined to be thrown off by the same superior agents. They are fated to be puked out.

It is surely a species of intellectual cowardice that puts men on the fence at this period of scientific investigation and rapidly progressing advancement at the practice of medicine. To be afraid of the old poison faculty now, is to be afraid of a shadow. For it is now like it always has been, a mere floating, changing shadow; fated to be cried down, and denounced as fallacious and imperfect, by every newcomer amongst the leaders of the system."

Thine,
GIDEON LINCECUM

As the above comments suggest, in the region of Mississippi where I practiced, despite the efforts of allopaths, patients flocked to botanic practitioners in general and to my practice in particular. I soon found it necessary to build additional living quarters for patients who traveled long distances to see me. Each year my fame increased, and soon one of the Columbus drugstores was advertising "Botanical Medicines . . . prepared and manufactured . . . by Doctor Gideon Lincecum." Urged by prominent citizens in Columbus to move my practice there, I did so on January 1, 1841.

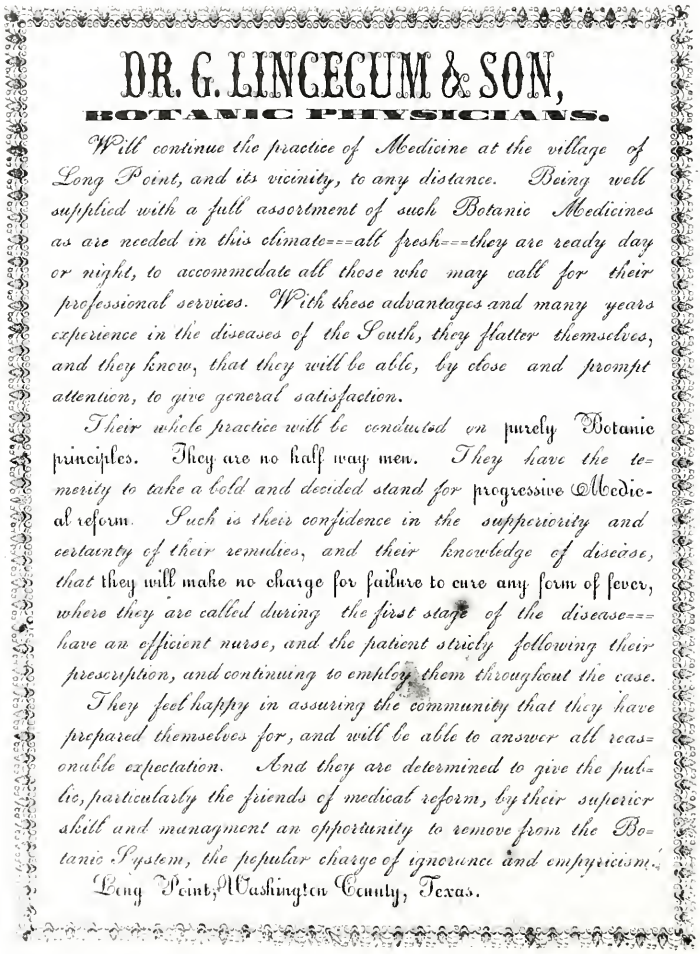
My success in Columbus exceeded my expectations, although the opposition of

*Following service in the War of 1812, Lincecum pursued his medical career along the Mississippi River and in 1847 moved to Texas. He settled eventually in Washington County, where he established Mt. Olympus, a 1,800-acre farm. This small building housed not only his doctor's shop but also a blacksmith shop. The building was moved recently from its original location and preserved.*

allopaths was even more pronounced and vindictive. In addition to meetings and discussion by the old school medical fraternity for my special benefit, there appeared at various times in the newspapers scurrilous and malicious articles in derision of "Steam Doctors" and me in particular—although they were careful to refer to me with a Latin pseudonym to avoid the danger of a suit for libel. As those attacks were all anonymous, I first allowed them to pass unnoticed. But after a time, at the suggestion of friends and finally the editor of the paper, I prepared and had published the following article, which shut them up as tight as an oyster:

MESSRS. EDITORS:

I have noticed in your papers, during the past six months, numerous articles of



# DR. G. LINCECUM & SON,

## BOTANIC PHYSICIANS.

*Will continue the practice of Medicine at the village of Long Point, and its vicinity, to any distance. Being well supplied with a full assortment of such Botanic Medicines as are needed in this climate---all fresh---they are ready day or night, to accommodate all those who may call for their professional services. With these advantages and many years experience in the diseases of the South, they flatter themselves, and they know, that they will be able, by close and prompt attention, to give general satisfaction.*

*Their whole practice will be conducted on* purely Botanic principles. They are no half way men. *They have the temerity to take a bold and decided stand for* progressive Medical reform. *Such is their confidence in the supperiority and certainty of their remedies, and their knowledge of disease, that* they will make no charge for failure to cure any form of fever, *where they are called during the first stage of the disease--- have an efficient nurse, and the patient strictly following their prescription, and continuing to employ them throughout the case.*

*They feel happy in assuring the community that they have prepared themselves for, and will be able to answer all reasonable expectation. And they are determined to give the public, particularly the friends of medical reform, by their superior skill and managment an opportunity to remove from the Botanic System, the popular charge of ignorance and empyricism.*

Long Point, Washington County, Texas.

*In 1850 this broadside announced to the residents of Long Point and Washington County, Texas, "a bold and decided stand for progressive Medical reform" on the part of Dr. G. Lincecum & Son, Botanic Physicians.*

scurrilous stuff over the signatures of M.D.'s saying a great deal about a certain Steam Doctor. From those low pitched productions, I cannot discover what it is that they want. However, to bring the matter at once to a focus: if any Gentleman desires to discuss before the public, over his true signature, the merits of the two systems of medical practice, he shall be accommodated, but I have no time to waste with the loafing slang-whangers and hangers-on of the profession. That class of poor fellows will please excuse me.

GIDEON LINCECUM

There was no response, and my practice grew every year. In 1847, my seventh year at Columbus, I treated 2,236 cases, mostly fever. I lost no case of any kind of fever during the seven years I practiced at Columbus, and in my annual advertisements I stated that I would make no charge for a failure to cure fever of any kind. But growing tired of overworking myself—and noticing that my children were spending too much time frolicking amid the temptations of a wealthy river town—I determined to retire from medical practice and carry my whole family to the new frontier of Texas, where the surroundings and conditions would be more promising. Thus in September of 1847, I quit the practice. The following spring we emigrated to Texas, taking along all the botanic medicines I had on hand and all my furniture—worth $6,000. We arrived at our new homesite on my fifty-fifth birthday.

In Texas I chose to devote most of my time to studying botany, entomology, and other scientific pursuits, leaving the doctoring to my sons. But in 1850 it was I who wrote the text for the broadside announcing the practice of "Dr. G. Lincecum & Son, Botanic Physicians" at Long Point, Texas, and the wording was intended to leave no doubt about our full allegiance to Botanic medicine. In closing let me invite your attention to the text of the announcement:

DR. G. LINCECUM & SON, BOTANIC PHYSICIANS

Will continue the practice of Medicine at the village of Long Point, and its vicinity, to any distance. Being well supplied with a full assortment of such Botanic Medicines as are needed in this climate—they are ready day or night, to accommodate all those who may call for their professional services. With these advantages and many years experience in the diseases of the South, they flatter themselves, and they know, that they will be able, by close and prompt attention, to give general satisfaction.

Their whole practice will be conducted on purely Botanic principles. They are no half way men. They have the temerity to take a bold and decided stand for progressive Medical reform. Such is their confidence in the superiority and certainty of their remidies [*sic*] and their knowledge of disease, that they will make no charge for failure to cure any form of fever, where they are called during the first stage of the disease—have an efficient nurse, and the patient strictly following their prescription, and continuing to employ them throughout the case. They feel happy in assuring the community that they have prepared themselves for, and will be able to answer all reasonable expectation. And they are determined to give the public, particularly the friends of medical reform, by their superior skill and management an

opportunity to remove from the Botanic System, the popular charge of ignorance and empyricism.

Long Point, Washington County, Texas

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# Abraham Lincoln, Medical Jurisprudence, and Chloroform-Induced Insanity in an 1857 Murder Trial

One of the most interesting cases of Abraham Lincoln's legal career found him on the side of the prosecution. This 1857 trial, which involved an insanity defense by the admitted killer, considered several critical issues of medical jurisprudence. Perplexities for the mid-nineteenth-century court included the following:

Could an overdose of chloroform cause insanity?

How would a jury weigh the expert testimony of physicians?

Is it possible to determine if insanity is feigned?

How would the public react to an insanity plea in a murder trial?

## For the Prosecution

As an attorney, Abraham Lincoln has often been pictured as either a "hick" lawyer or a zealous defender of the downtrodden. On the contrary, as recent studies of his law career have shown, he commanded "substantial fees" from corporate clients by the 1850s, "enough to support a wealthy lifestyle in Springfield and a political career."[1] In twenty-three years as a practicing attorney, he argued at least five thousand cases, more than four hundred of which were before the Illinois Supreme Court.[2]

## A Brawl, a Shooting, an Amputation, and a Murder

*People v. Wyant* was rooted in a longstanding feud in Clinton, Illinois. Isaac Wyant and Anson Rusk, with family members, had argued for months over a land boundary.[3] After a particularly fierce exchange in June of 1855, both sides took to weapons. Rusk believed that Wyant was threatening him with a bowie knife, and he drew a gun and fired. A wound to Wyant's left arm was so severe that amputation was required. Three physicians attended in that surgery—John Warner, Christopher Goodbrake, and a Dr. Lemon. Warner administered chloroform as an anesthetic.

In the weeks after the amputation, Wyant grew "morbidly fearful that Rusk would kill him," and he exhibited many signs "of being unsettled in his intellect." Suffering continuous physical pain and emotional turmoil, he stalked Rusk to

**by Allen D. Spiegel and Florence Kavaler**

*Abraham Lincoln as he looked during his circuit-riding days. This photograph was taken by Amos J. T. Joslin in Danville, Illinois, ca. 1857–1858.*

the De Witt County Courthouse in Clinton on October 12. At point-blank range in broad daylight before many witnesses, Wyant savagely fired four shots, the last a mortal wound to Rusk's head. Wyant was easily apprehended, and shortly thereafter was indicted for murder. He was confined for seventeen months while a change of venue was granted to Bloomington, McLean County, also in the Eighth Judicial Circuit.

### A Sensational Murder Trial

As was customary in important criminal cases, the local state's attorney (Ward Hill Lamon) appointed other attorneys to prosecute the case. Circuit-riding lawyers chosen for that task were Abraham Lincoln, Clifton H. Moore, and Harvey Hogg. Wyant's defense team was Bloomington attorney Leonard Swett and his partner, William Ward Orme. (All of the attorneys were well known to each other through their circuit riding; Swett and Lincoln were also political allies, as was the judge, David Davis of Bloomington.)

On the afternoon of March 30, 1857, the trial began in the McLean County Courthouse. All hitching posts on the public square were occupied, and the courtroom was thronged. Spectators jostled for seats at what promised to be a "battle royal" between Lincoln and Swett. A local newspaper, the *Weekly Pantagraph,* carried a day-by-day account of the trial. Lincoln handled the prosecution almost singlehandedly, while Swett directed the thrust of the defense.

### A *Prima Facie* Case for the Prosecution

Lincoln began by calling six witnesses who were in or near the DeWitt County Courthouse at the time of the shooting. All heard the four shots; all saw Wyant entering or fleeing; one observed the entire incident. Three witnesses testified that they heard Wyant confess to the murder. According to Constable W. W. Williams, Wyant said, "Well, I have killed him, damn his soul. That is just what I came here to do." County Clerk John J. McGraw heard Wyant say that he "had shot the damn rascal that had shot his arm off." Wyant told Robert Lewis that he "shot the man who murdered his arm."

Physicians confirmed the cause of death. Dr. Christopher Goodbrake testified that he found "Rusk lying on the floor with his head doubled under and his brains coming out." Dr. Thomas Edmonson agreed that the mortal bullet entered above the left eye, plowed through the brain, and lodged against the skull on the other side. Other bullets lodged in Rusk's shoulder blade, arm, and side. Lincoln closed his argument the same evening, declaring a *prima facie* case of murder for the State.

### The Insanity Defense

Rather than contesting Lincoln's charge, Swett asserted: "Resting on the ground of insanity, the killing was not controverted." He further stated that he would prove by the testimony of medical experts that Wyant's brain had been damaged by an overdose of chloroform administered during the amputation of

*The McLean County Courthouse, Bloomington*

his arm. Swett promised to introduce further evidence of irrational behaviors as well as an inherited tendency to insanity in the Wyant family.

Although controversial, the insanity defense was well established in Illinois courts by the late 1850s. The state supreme court had upheld the defense, despite heated objections by prosecutors.[4] Not surprisingly, Lincoln as prosecutor strenuously objected to it in the Wyant case, claiming that the defen-

dant was merely feigning "the loss of his mentality."[5] Nevertheless, Judge Davis accepted the plea and allowed the defense to present it to the jury.

Elsewhere in the country, defense pleas of irresistible impulse had been upheld by the state supreme courts of Ohio, Massachusetts, and Pennsylvania. In the Massachusetts decision, delivered in 1844, Justice Lemuel Shaw had ruled, "One is not responsible for an act under an irresistible and uncontrollable impulse which is the result of mental disease."[6]

### Medical Arguments of the Defense

Considering the state of medicine at the time, Swett gathered an extraordinary collection of expert medical data on the intricacies of anesthesia, medical science, and mental disease. In fact, *People v. Wyant* was erroneously cited as the first use of medical experts in an insanity plea in the Illinois courts. Wyant's novel plea of chloroform-induced insanity probably heightened the notoriety of the case.[7]

Most impressive of Swett's expert medical consultants was the Massachusetts physician Luther V. Bell, superintendent of the McLean Asylum in Boston.[8] Bell probably recommended to Swett *A Treatise on the Medical Jurisprudence of Insanity,* the landmark work of his neighbor and colleague Isaac Ray. That book was cited repeatedly in the 1843 trial of the man accused in a botched assassination attempt of the British prime minister. That verdict had established the "knowing right from wrong" principle, which was adopted as a tenet of medical jurisprudence in the United States.[9] Of particular significance to the Wyant case was Ray's definition of insanity as a disease, because "as is the case with all other diseases, the fact of existence is never established by a single diagnostic symptom, but by the whole body of symptoms, no particular one of which is present in every case."[10] Both Ray and Bell were members of the Association of Medical Superintendents of American Institutions for the Insane (which eventually became the American Psychiatric Association).

### A Choice of Painkillers: Ether or Chloroform

Another major element of Swett's defense was the potency of chloroform, especially compared to other available anesthetics. Swett considered historical data that suggested that sulfuric ether (first used by Dr. William T. G. Morton at Massachusetts General Hospital in 1846) might have been a safer alternative.[11] In a November 21, 1846, letter to Morton, Dr. Oliver Wendell Holmes had suggested a name for the state produced by the agent: "The state should, I think, be called 'anaesthesia.' This signifies insensibility. . . . The adjective will be 'Anaesthetic.'"[12]

Chloroform had been discovered, almost simultaneously, some fifteen years earlier, about 1831, by chemists Justus von Liebig in Germany and Eugène Soubeiran in Paris, along with Dr. Samuel Guthrie in the United States.[13] It was not used as an anesthetic until the experiments of Dr. James Young Simpson, professor of midwifery at the University of Edinburgh and physician-accoucheur to the Queen of Scotland. Simpson was

seeking a substance that would "possess the advantages of ether, without its disadvantages."[14] In a presentation to the Medico-Chirurgical Society on November 10, 1847, Simpson described a new agent "for the purpose of producing insensibility to pain in surgical and obstetric practice" that had seven advantages over sulfuric ether: more rapid, complete, and persistent action; smaller dosage required; "agreeable, fragrant, fruit-like odor" and "saccharine, pleasant taste"; cheaper cost; absence of lingering odor; ease of transmission; and ease of inhaling.[15] While Simpson's usual dose was 100 to 120 drops, he found as little as thirty drops effective in some cases. Even at that minimal dosage, insensibility occurred in a few minutes with six or seven inhalations. Further, he declared that there had been not "the slightest bad result of any kind" among fifty administrations.[16] He likewise reported "entire success" in his use of chloroform on obstetric patients. (Detractors replied that the Bible prohibited anesthetics during childbirth and that the drug could arouse erotic fantasies.)[17]

Morton insisted that ether was superior to chloroform. In 1850 he alerted practitioners to the possibility of disturbances to the brain and nervous system, convulsions, and even deaths.[18] Debates over the safety of chloroform and ether were still raging by the time of the Wyant trial.[19]

### Building the Insanity Defense

Swett called nineteen witnesses: five relatives, five friends, six physicians, the sheriff, the county clerk, and himself. Family and friends detailed Wyant's multiple irrational behaviors—constant fearfulness that the Rusk family would kill him, frequent and unexpected tantrums, picking his head until the scalp was bloody with festering sores, continuous talking to himself, total change in disposition, and episodes of being flighty, rambling, and unconnected. His physical complaints included a roaring in the head, ringing in the ears, facial twitching, constipation, feverish excitement, sleeplessness, loss of appetite, and general continuous and phantom pains. Physician witnesses interpreted both the medical symptoms and the behaviors observed by the other witnesses.

Wyant's sister startled the courtroom with the grotesque story that he had forced her to disinter his arm from the graveyard. She, a half-brother, and an uncle testified to a hereditary predisposition of insanity in the Wyant family—two uncles were unbalanced, and another family member went "queer in the head after not getting a girl he had sparked."[20] Dr. Andrew McFarland, superintendent of the Illinois State Lunatic Asylum at Jacksonville, summarized: "Insanity is strongly hereditary. In Wyant's case the probability of his inheriting it is great. There is a fair presumption of a pre-disposition to insanity in his case from his resemblance to his relatives, who were insane."

Five other physicians testified about the harmful effects of chloroform. Dr. Lemon, who amputated Wyant's arm, said: "[I]njury produced from chloroform causes uneasiness about the head including picking. . . . [W]hen it [chloroform] injures the brain, it destroys

the mind." He cited cases of permanent insanity caused by the use of chloroform. "Anything producing insensibility," he concluded, "affects the brain."

Dr. Parks, who had used both ether and chloroform, commented that it was probable that chloroform injured the mind. A Dr. Roe observed that the "tendency of chloroform is to affect the brain and nervous system. . . . [I]nstead of deadening his animal passions, it [chloroform] had the effect to arouse and excite them. . . . [C]hloroform given in any quantities tends to insanity." Dr. Spencer added that symptoms of chloroform abuse included "pain or ringing in the head," and "listening to fancied noises." Five physicians thus unhesitantly declared Wyant insane. McFarland and Spencer were particularly persuasive witnesses.

### Cross-Examination and Rebuttal

Lincoln's cross-examination attempted to both challenge the expertise of the doctors and suggest that Wyant's insanity was feigned. On Lincoln's cross-examination, Lemon admitted that he did not have much experience using chloroform and had based his remarks on books. He was not able, for example, to specify the kind of insanity brought on by chloroform. On the suggestion that Wyant was feigning insanity, Hoover stated that he "was satisfied from his [Wyant's] manner that he was insane, his appearance denoted it." McFarland, who had twelve years of experience in the study of the abnormal mind, remarked: "Insanity is sometimes successfully feigned, but not where there is an opportunity for experienced persons to witness the attempts at feigning. . . . I have no fears in this case."

McFarland was indeed the star defense expert. Swett asked him to "summarize all the points, great and small, that went to show the defendant to be insane."[21] McFarland first identified symptoms of Wyant's insanity: change in character from courage to cowardice,

*Dr. Andrew McFarland, superintendent of the Illinois State Hospital for the Insane, testified that chloroform could "paralyze the brain."*

sleeplessness, ringing noises in the head, constant picking of his head, vomiting after shooting Rusk, and once accusing his sister of shooting off his arm. "I conceive it to be the natural tendency of chloroform to paralyze the brain," McFarland said. "The secondary effect is to carry that paralyzation to a point beyond recovery, or fatality. . . . I consider that it effected Wyant from the amount inhaled and the length of time inhaling. He suffered from the protracted administration." McFarland then briefly described his own experimentation with the effects of ether and chloroform.

Physicians Lemon, Parks, Roe, and Spencer independently agreed that an overdosage of chloroform could injure the brain and cause insanity. A measurement of the pound bottle of chloroform conducted five weeks after the amputation indicated that nearly 2 $^1/_2$ inches of chloroform had been given to Wyant. That amount—equivalent to between six hundred and seven hundred drops—was certainly an overdose.

Lincoln used folksy humor to deprecate Swett's impressive accumulation of medical and lay testimony. During one cross-examination he remarked: "You say, Doctor, that this man picks his head, and by that you infer that he is insane. Now, I sometimes pick my head and those joking fellows at Springfield tell me that there may be a living, moving cause for it, and that the trouble isn't at all on the inside. It's only a case for fine-tooth combs."[22]

He next rebutted with sixteen local witnesses, including the doctor who administered the drug, who defended the safety of chloroform. Members of the Rusk family testified about Wyant's repeated threats, his fights with other family members, his bullying nature, his use of a bowie knife, and his earlier attempts at revenge for the lost arm. A witness named Nixon stated: "I heard him [Wyant] fret about the loss of his arm, and said he craved revenge for his injury; said it was a d—d hard thing for a man to be waylaid and his arm shot off." Both the court clerk and constable testified to Wyant's sanity. An eyewitness denied that Wyant looked strange at the time of the shooting.

A jailor who had guarded Wyant for seventeen months testified: "Swett asked Dr. Lemon in jail, in presence of Wyant, if the use of chloroform would affect the brain. Dr. Lemon replied in some cases it did. Afterwards, on one occasion when I took food to Wyant, he put on foolish actions. I told him he need not feign to be insane to me, and afterwards he did not. He acted then as usual."

Dr. Warner, who administered the chloroform to Wyant during the amputation, asserted: "I didn't think Wyant inhaled double the ordinary dose. . . . [C]hloroform evaporates quickly." He was followed by Dr. Christopher Goodbrake, president of the Illinois State Medical Society, who was present at Wyant's amputation and denied that chloroform was dangerous.[23] Goodbrake said that much of the chloroform was wasted because Wyant at first refused to take it. "An ordinary dose of chloroform was given," Goodbrake testified, plus a bit more when Wyant awoke during surgery. "It is not singular

to see a man flighty after his arm or limb is cut off and he is sick," Goodbrake continued. "I would not consider it a sign of permanent insanity. . . . [S]ome of the symptoms might be present in a sane mind as well." He concluded: "I have examined some books on the use of chloroform. I have never found a case of permanent insanity made by chloroform." Goodbrake stated that he had not seen much change in Wyant: "It impressed me that he was either a strange man or a crazy one. He was as much insane before the amputation as afterwards as it appeared to me."

### Summations and Charge to the Jury

On Friday, April 4, Hogg delivered a three-hour prosecution summation. Orme followed for the defense for almost three hours. Swett took the rest of the day, finishing Saturday morning about noon. After lunch, Lincoln began his summary, which continued until nearly six o'clock.

Judge Davis's instructions to the jury relied heavily on precedents relating to the involuntary acts determinations and the sound mind question. He told jury members that if Wyant's unsoundness "overwhelmed his reason, conscience and judgment . . . and [he] acted from an irresistible and uncontrollable impulse," he should be found not guilty. On the other hand, if they concluded that "Wyant had mental capacity enough when he committed the act, to understand its nature and consequences, to know that he was doing wrong and would be liable to punishment, he was responsible for his act, and the Jury should find him guilty." Davis admonished the jury that the law presumed a man to be sane, "and that presumption must be rebutted by satisfactory proof to the contrary."

### Verdict Reactions and the Sentence

Sarah Davis, the Judge's wife, accurately forecast the next step: "A trial for murder has engaged the attention of our people for five days past. . . . The jury are now locked up and I fear that they will send for my better half by the middle of the night."[24] About one o'clock on Sunday morning, the jury returned the verdict: "[T]he defendant, Isaac Wyant, is not guilty by reason of Insanity. . . . And we the Jurors find that the aforesaid prisoner being of unsound mind is unsafe to be at large, and therefore earnestly recommend that the Honorable Court take the necessary steps, to have him . . . removed immediately to the State Lunatic Asylum at Jacksonville."[25]

Sarah Davis reflected the public's skeptical attitude toward the verdict, calling Wyant "the scamp who committed the murder."[26] On Monday, April 6, Swett filed papers for Wyant's insanity hearing. His arguments were immediately convincing to the jury, whose decision was summarized in the court docket of the same day:

> In the matter of Isaac Wyant Alleged to be insane—And now at this day comes Leonard Swett and presents a statement in writing to the Court, that Isaac Wyant is insane, and prays the Court that necessary legal proceedings may be had preparatory to sending said Wyant to the Illinois State Hospital for the Insane. . . . We, the undersigned Jurors, . . . having heard the evidence in the case, are satisfied that said

> Wyant is insane, and is a fit person to be sent to the Illinois State Hospital for the Insane, . . . his disease is not of long duration, that the disease is with him probably hereditary, and he is not subject to epilepsy, and that he is free from vermin or any infectious disease, and is not a pauper. . . . Whereupon the Court directs the Clerk to issue a warrant as provided by law for the removal of the said Wyant to the Illinois State Hospital for the Insane.[27]

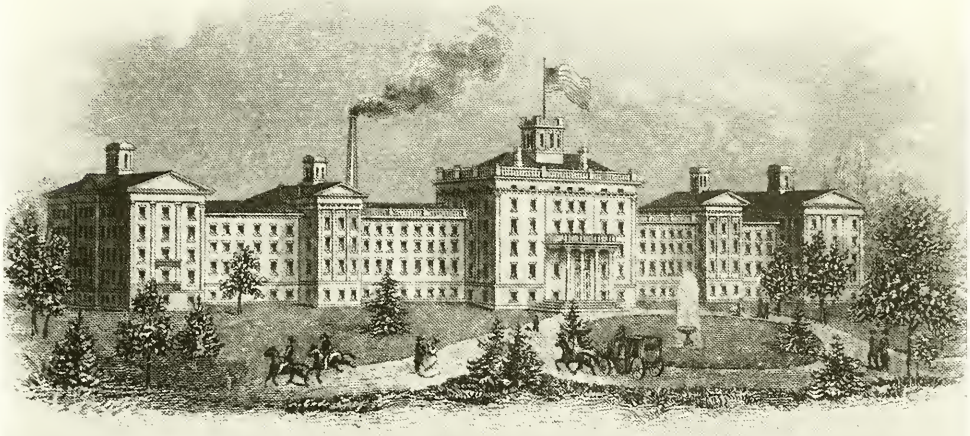
On May 6, the Bloomington *Weekly Pantagraph* published Swett's letter to the editor responding to critics of the verdict. He stressed that Wyant was securely confined, ending with the assessment of Dr. McFarland: "Wyant's present appearance . . . confirms the justice of the defense made for him. . . . [He] has no idea apparently of the crime he committed . . . [and] complains much of his head. . . . [U]nder careful and exact surveillance we discover Wyant to be most unquestionably an insane man." In addition, McFarland praised Wyant's relatives for pursuing "a course honorable to themselves and conducive to humanity and truth."[28]

After many years in the asylum, Wyant seemingly recovered. Upon an order from the asylum board of trustees, he was released on the condition that he return to his native Indiana and never return to Illinois. McFarland remarked about Wyant's confinement: "Strange as it may seem, the one at the hospital to whom he bore the most deadly hatred was the one whose opinion had saved him from the gallows. This is no paradox but only the universal experience in such cases."[29]

A postscript to *People v. Wyant* came to light in an 1893 biography of Lincoln. Fellow Illinois attorney Joseph E. McDonald ran into Lincoln and Swett at a chance meeting in Danville, Illinois (near the Indiana border). McDonald told them that he had defended Wyant from "every charge in the calendar of crimes" before his altercation with the Rusks. McDonald considered Wyant "a weak brother" who "could be led into almost everything." Intrigued, Lincoln listened intently. The next day, according to McDonald: "He told me that he had been greatly troubled over what I related about Wyant; that his sleep had been disturbed by the fear that he had been too bitter and unrelenting in his prosecution." Lincoln reportedly said that he had "acted on the theory that he [Wyant] was 'possuming' insanity. . . . I fear I may have been too severe and that the poor fellow may be insane after all. If he cannot realize the wrong of his crime, then I was wrong in asking to punish him."[30]

## Overlooked Medical Evidence

Medical textbooks delineating the use of anesthesia in surgical and obstetrical procedures existed at the time of the trial and were available in Illinois.[31] Physicians testifying during the trial identified several relevant medical texts. Had Lincoln been more familiar with medical jurisprudence, he might have found references that would have absolved chloroform as a cause of Wyant's actions. For example, Fitzwilliam Sargent's *On Bandaging and Other Operations of Minor Surgery*, published in 1848 and revised in 1856, described the use of




***After the jury's verdict of not guilty by reason of insanity, Anson Wyant was committed to the Illinois State Hospital for the Insane at Jacksonville.***

both ether and chloroform as anesthetics.[32] Joseph F. Flagg's 1851 book, *Ether and Chloroform: Their Employment in Surgery, Dentistry, Midwifery, Therapeutics, etc.,* included an entire chapter on "Chloroform as a Local Anaesthesia."[33] Simpson's 1847 *Lancet* article or his 1848 monograph declaring chloroform more efficient and superior to ether would have made powerful arguments for the prosecution. Using Simpson's dosage data, for example, Lincoln could have argued that the overdose indicated by the defense should surely have resulted in Wyant's death. Wyant himself told his sister that "they had given him medicine enough to kill an elephant."

An 1848 article by Dr. J. D. Gross in the *Transactions of the American Medical Association* explained his decision to switch from ether to chloroform because the latter "produces the desired effect in much shorter time, causes less excitement of the brain, is more persistent in its action and is more easily inhaled . . . [while exerting no] injurious effect upon recovery of patients."[34] Writing about anesthetic agents, Dr. Washington L. Atlee noted that he "employed chloroform very extensively . . . never had

unpleasant results" and "produced so little mischief."[35]

In 1850 the Standing Committee on Surgery of the American Medical Association had enthusiastically endorsed chloroform. "Beyond comparison, the best anesthetic agent known," was Professor Richard L. Howard's conclusion.[36] Professor Joseph A. Eve declared that he had "uniform success with chloroform" and had "never seen the least injury."[37] Dr. Amos Twitchell used "chloroform in all important surgical operations" and had "never seen any bad effects from it."[38]

By 1857, the *American Journal of Insanity* (later the *Journal of the American Psychiatric Association*) had been in existence for about fifteen years. If Lincoln had perused that journal, he would have discovered a number of articles relative to chloroform-induced insanity and information about insanity generally. He would even have found names of potential medical experts as witnesses.

Shortly after ether was introduced into surgery, Dr. John P. Gray of New York, superintendent of the Utica Lunatic Asylum, experimented with ether on sixteen of his patients and related that "to none has it proved the least injurious"; in fact, he claimed the patients actually "improved."[39] Another physician, Dr. Ray, reported success with the ether treatment, but his dosage exceeded that normally used.[40]

Dr. A. T. H. Waters employed chloroform in the treatment of puerperal insanity. After he described three case studies, Waters advocated chloroform as a safe and effective treatment of mental illness with no harmful effects.[41] Dr. John C. Bucknill advised that "feigned insanity is detected by the part being overacted in outrageousness and absurdity of conduct . . . a person feigning madness will be overcome by its [chloroform's] influence."[42] Describing an extraordinary case of pretended insanity, Bucknill commented that the patient acted for five or six weeks by howling, raving, rolling his eyes, frothing from the mouth, biting people, tearing clothes, and refusing food.[43]

Chloroform was generally accepted and utilized in British medical circles. Dr. John Snow of London, a leading figure in anesthesia, administered chloroform to nearly 450 patients annually after 1852.[44] His most famous patient was Queen Victoria, who was given chloroform on April 7, 1853, during the birth of Prince Leopold.[45] Snow's diaries revealed that he used a dose of "15 minim" [drops] on a handkerchief, which the Queen inhaled for fifty-three minutes.[46] In all likelihood, Snow was preparing another royal chloroform application as Lincoln was prosecuting the Wyant trial. When Princess Beatrice was born on April 14, 1857, Snow had administered *anesthésie à la reine*.[47] If the jury knew about the routine use of chloroform for the British Queen, they might have thought differently about the defense assertions that the anesthetic caused insanity. Furthermore, the jury may have been impressed with the fact that Snow had administered the drug more than two thousand times by 1857 without a single mishap.[48]

To counter, Swett could have cited the "dire . . . unfortunate and painful consequences" of using chloroform that

included ten deaths. The eminent Boston surgeon John C. Warren, for example, cited the untoward effects in his 1849 book on chloroform and strong chloric ether as narcotic agents.[49]

### Thoughts about Prosecutor Lincoln

In *People v. Wyant,* Swett appears to have bested the future President in medical investigation and research. Afterward, he developed "impressive credentials in the medical jurisprudence of insanity." In May 1875, Swett was legal counsel for Robert T. Lincoln when he petitioned the court to adjudge his mother, Mary Todd Lincoln, insane and unable to handle her own affairs. Isaac N. Arnold, who represented Mary Lincoln at the sanity hearing, observed, "More than anyone else except Robert, he [Swett] was responsible for Mrs. Lincoln's confinement."[50] Dr. McFarland was involved in that case as well.[51]

### Conclusion

Holding true to his reputation, Lincoln applied his energy to the prosecution, presenting the public's case with intensity and professional deftness. He applied his genius for simple, persuasive parlance, handy humor, and deft depictions in the Wyant case as in all others. He drew up the indictment, made the opening and closing arguments to the jury, and conducted most of the direct examination of the people's witnesses. He also handled the cross-examination of the physicians who testified as to the effects of an overdose of chloroform and as to the insanity of the defendant. Considering the limited medical and scientific knowledge available at that time, his was a complex and perplexing assignment.

Finally, however, the jury accepted the theory of chloroform-induced insanity as certified by expert medical witnesses. Although Lincoln recognized and emphasized the obvious legal facts, he did not successfully disprove Swett's claim. While medical literature existed to offer strong evidence of the safety of chloroform as an anesthetic, Lincoln failed to discover the material and bring it into court. Nor did physicians direct him to useful sources.

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# Notes

1. Cullom Davis, director of the Lincoln Legal Papers Project, Springfield, Ill., as cited in Cameron McWhirter, "Lincoln the Lawyer," *St Louis Post-Dispatch,* Nov. 30, 1993, sec. D, p. 1.

2. Ibid.

3. The *Weekly Pantagraph* of Bloomington, Illinois, is the most comprehensive account of the trial; uncited quotations from the trial are from that report. See "The Trial of Isaac Wyant," *Weekly Pantagraph,* April 15, 1857, p. 1. The case files of the circuit court were lost in a fire but the docket books were saved; see Susan Krause, Lincoln Legal Papers Project, to authors, Jan. 11, 1994.

4. "The Insanity Defense in Lincoln's Illinois," *Lincoln Lore* 1727 (1982): 1–4.

5. Albert A. Woldman, *Lawyer Lincoln* (Boston: Houghton Mifflin Co., 1936), 151.

6. *State vs. Thompson,* 90 Ohio 622 (1834); *Commonwealth vs. Rogers,* 7 Met. 500 (Mass. 1844); *Commonwealth vs. Mosler,* 4 Pa. 264 (1846).

7. The honor of the first use of medical experts in an insanity defense for an Illinois murder trial goes to McHenry County some ten years earlier, when attorney Isaac Arnold secured the testimony of Dr. Edward Mead of Boston. Mead was cross-examined for more than two hours. Rebuttal sources for the prosecution were found in medical literature, including Jean-Étienne D. Esquirol, *Mental Maladies: A Treatise on Insanity*, trans. E. K. Hunt (Philadelphia: Lea and Blanchard, 1845) and John Forbes, Alexander Tweedie, and John Conolly, *The Cyclopadia of Practical Medicine Comprising Treatises on the Nature and Treatment of Diseases, Materia Medica and Therapeutics, Medical Jurisprudence* (Philadelphia: Lea and Blanchard, 1845). A hung jury ensued. At a second trial, fifteen physicians testified to the insanity of the accused. The jury verdict acquitted the defendant. Presiding Judge Hugh J. Dickey commented that the case was so clear that if the jury did not acquit, he would set the verdict aside. Without delay, the accused was placed under Mead's care. Three months later he was dead; a postmortem revealed extensive organic changes in cerebral tissues. That trial was not well publicized until an account of it appeared in "Proceedings of the Association of Medical Superintendents of American Institutions of the Insane," *American Journal of Insanity* 33 (1876–1877): 160–323, 254.

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# Reading Literary Theory, Reading *Ivan Ilych*: Old Wine in New Wineskins

Does contemporary literary theory have a place in medical humanities? For much of literature's relatively short sojourn in medicine, such unwieldy and specialized developments as the rise of literary theory have been considered irrelevant or even counterproductive in the medical classroom.[1] This article, which began as a workshop for the Society for Health and Human Values, was designed to explore the question of literary theory's usefulness to the medical community, and to do so by demonstrating briefly how different theoretical approaches to the same text might yield quite different and—we would argue—exciting readings.[2]

Tolstoy's *The Death of Ivan Ilych* is probably one of the most frequently taught texts in medical schools. *Ivan Ilych* is most often taught as a story that provides us with a window into the nature of suffering, redemption, and death. And it is a marvelous story for just that reason. But literary theory challenges our assumptions about the written word and pushes us to ask different questions of a text, questions that will yield, at times, less hopeful, less comforting, less sure, but—perhaps, in the long run—more challenging and enlightening readings.

The question of theory's usefulness is connected to the broader question of the purpose of humanities in medical education. Over time, how has that purpose changed and what are its new configurations? One model that has informed the practice of medical humanities education since its inception has the humanities functioning as the handmaid of medicine, offering a story here, a poem there, in the service of enlightening an otherwise busy medical community with the insights, beauty, and "humanizing" effect of the humanities. Another, potentially more useful, model would incorporate elements from the first but place emphasis on positioning the humanities in a supportive, although fundamentally critical and subversive role, challenging medicine to examine its priorities and assumptions.

The authors of this paper represent several different views about the purpose of literature and the humanities in medicine. We are not specialists in literary theory, and this essay will not be a primer in how to "do" literary theory. What we want to suggest is not that theory itself be taught to medical students but that different readings of texts, using different theoretical methodologies, can enhance our teaching and

***Alexander Tolstoy's bedroom at the family estate, Yasnaya Polyana***

**by Ann Folwell Stanford, Daniel J. Brauner, Tod S. Chambers, William J. Donnelly, Kathryn Montgnmery Hunter, Suzanne Poirer, Barbara F. Sharf**

classroom interactions. If reading literature draws students' attention to the experience of patients and gives them practice in the observation and interpretation of human events, then the insights gleaned from applying various theoretical lenses to literature remind them of, among other things, the perils of observational certainty. Further, the questions we bring from literary theory enable us and our students to think anew about the thorny issues that will be facing them as they enter medical practice, and about ways to prepare for such issues.

For example, suppose we shift the focus from the themes of *Ivan Ilych* to the role that the text plays within the context of the classroom or the institution. Why do we teach what we teach? If one approaches the story with discourse theory in mind, the kind of questions asked will have to do with the function of the text in society. Paul Bove explains that "the contemporary use of 'discourse' turns literary critics away from questions of meaning; it also turns us from questions of 'method' to the description of function."[3] In addition, the discourse approach "leads inevitably to a study of institutions, disciplines, and intellectuals" rather than a study of a text's content as such.[4] This kind of reading begins by asking why Ivan Ilych is taught so much. Feminist, Marxist, and various forms of cultural criticism have argued that a text's visibility—its popularity in classrooms and university bookstores—is not necessarily due to inherent truth and goodness.[5] Thus, we might begin by speculating that *Ivan Ilych* is popular because it upholds certain social understandings, even because it provides a palliative to some of our current social anxieties.

While *The Death of Ivan Ilych* is about great pain and suffering, it does, after all, have a happy ending. Ivan has found meaning in his suffering and dies a more *human* being. In a profession that is faced daily with seemingly meaningless human suffering and that, in fact, even inflicts suffering in its attempts to heal, *Ivan Ilych* is good news indeed. The story reassures a medical establishment heavily in debt to painful therapeutic measures (and, at times, the painful prolongation of life) that the inflicted suffering is justified (and therefore the caregiver is justified) because even the most shallow bureaucrat can find meaning *through* suffering. Pain and suffering become ameliorative and our anxieties about inflicting such suffering may, in the process of reading *Ivan Ilych*, be substantially lessened.

We might also ask if a reading of Ivan Ilych's final awakening and reckoning with his life fulfills a contemporary need to find some meaning in the massive death and suffering we witness daily, and worse, inflict (militarily and economically) as a society regularly. Ivan Ilych's horrible pain coupled with his final redemption may give us implicit permission to accept the kinds of pain we ignore and/or cause as a nation. If Ivan had died screaming and cursing all the way, would the story be taught and read as often?

To problematize the text a little more: does *The Death of Ivan Ilych* actually undergird the bourgeois values it seems to critique by providing its protagonist

with the (relatively) happy ending? If we look closely, we won't find too much difference in the values of our society and that constructed by Tolstoy. Ivan Ilych is a shallow bureaucrat, but he is redeemed in the end. And it is his servant, Gerasim, who helps him find that redemption. It is likely that we might conclude that such a society is not all bad. Servants are somewhat exalted, and, at a level of which we are not even aware, such a sentimental or romanticized view of Gerasim may permit us more easily to be blinded to our own oppressive class and racial structures.

Reading *Ivan Ilych* in this way changes the terms of inquiry altogether. Rather than focusing on interpretation, discourse theory shifts the focus to the function of the text. When we begin by questioning the tale's enormous popularity in medical schools, we move beyond the manifest ideas in the story and consider medicine's anxiety about its role in healing, and thus about how doctors cope or do not cope with the contradictions inherent in the practice of medicine. Such a reading also allows us to examine the social context in which medicine finds itself. Why do doctors need *Ivan Ilych*? The questions raised by looking at a text through the lens of discourse theory may allow us to examine how assumptions and anxieties about medical practice may propel us into a clearer look at the best response medicine can have to an increasingly complex and complicated world.

What follows are four different perspectives on *The Death of Ivan Ilych* and two responses from practicing physicians and teachers. The readings draw on aspects of various theories but are not theorectially "pure"—some of the readings are rather eclectic. Nor do the authors necessarily agree with each other's points of view. The participants borrow broadly from Mikhail Bakhtin, Kenneth Burke, the new historicism, and feminist theory. Because the intent of this essay is to function as something of a forum, bringing different voices and perspectives to bear on one literary text, the contributions of each author will be presented individually.

—*Ann Folwell Stanford*

## I. Theoretical Perspectives

### *The Death of Ivan Ilych* and Dialogic Theory

Novels embody ideas in the actions of characters, engage those characters in a particular world, and endow those characters with speech. In novels, therefore, ideas usually occur in social contexts rather than as abstractions or metaphor. Russian literary theorist Mikhail Bakhtin described this characteristic of novels as *dialogic,* i.e., containing a variety of "voices," both of the author and characters, which offer a constant commentary on the world that the novel represents.[6] These voices create a *heteroglossia,* speech that is nuanced by the social group(s) to which people belong and that incorporates the values of that group. Bakhtin tends to identify groups by profession, class, and race or ethnicity, leading to literary analyses that focus

on the sociopolitical aspect of a work. A dialogic analysis of a piece of fiction would look for the ideological challenges these voices pose to the others' worldviews. A dialogic reading of *The Death of Ivan Ilych*, then, leads to an examination of the social world in which Ivan Ilych's individual suffering and death occurs.

That said, one of the first things we notice about *Ivan Ilych* is how minimally dialogic the story is. Not only do characters speak little to each other or even to themselves, but also the "heteroglossia" that does appear *isn't* very heteroglossic. Legal, medical, and religious speech have all become formulaic, reducing all individuals to categories and impersonalizations. Ivan Ilych responds to the words of his doctor with impatience and disappointment. For example, as he recognizes the same evasion and detachment that he had come to mouth in his own professional work: "Ivan Ilych knows quite well and definitely that all this is nonsense and pure deception, but . . . [he] submits to . . . [the doctor] as he used to submit to the speeches of the lawyers, though he knew very well that they were all lying and why they were lying."[7]

Even the language of Ivan Ilych's family life is imbued with the empty materialism and impersonality of the social world to which they all aspire. Their conversation centers on the behaviors, events, and objects necessary to fulfill the "expected" (a word that appears often in my translation) role of families in Ivan Ilych's social class. From the start, Ivan Ilych's ambitions have included a view of the marriage and home that his position would entail, and, while Tolstoy does suggest that Ivan Ilych's marriage at least began with some mutual affection, Ivan Ilych's inability to accommodate such inconveniences as his wife's pregnancies into his image of himself as an imperturbable, impeccable rising bureaucrat quickly leads to the sacrifice of compassion.

*The Death of Ivan Ilych*, in fact, is a curiously *non*-dialogic work. Personal relationships have been so forced into formulaic professionalism and materialism that speaking beyond them has become impossible—among either friends, colleagues, or family. Although Tolstoy *does* attribute feelings to his characters, they are usually squelched, ignored, or buried; seldom are they given voice. Faced with the inevitability of mortality, for example, Ivan Ilych strives "to replace that thought . . . [by] call[ing] up a succession of others, hoping to find in them some support" (446). Similarly, as his family visits the sickroom one evening, they all become silent with the horror of the situation. "The silence had to be broken," Tolstoy observes as "they all became afraid that the conventional deception would suddenly become obvious and the truth become plain to all" (459). Such containment of feelings, moreover, offers little hope that people who do show their feelings will establish different relationships or lead more joyous lives. For example, while we might acknowledge the importance to Ivan Ilych in discovering the love of his son, after Ivan Ilych's death we see the boy emotionally isolated, as he appears alone on the stairs outside the death chamber with

tear-stained eyes, "scowl[ing] . . . morosely and shamefacedly" (417). The prospect of Ivan Ilych's son being able to sustain such open expressions of emotion as he grows up in such surroundings is doubtful.

A dialogic approach to *The Death of Ivan Ilych* also finds limited comfort in the relationship between Ivan Ilych and Gerasim. While Gerasim's matter-of-factness about death and untiring attendance to the most intimate aspects of Ivan Ilych's illness bespeak a compassion that other characters are unable to experience or demonstrate, Gerasim is nevertheless unable to provide help or comfort to Ivan Ilych's mental agony—nor, moreover, does Ivan Ilych attempt intercourse with Gerasim beyond the physical comforts of caregiving. Could heartfelt conversation have occurred between Ivan Ilych and Gerasim? While Tolstoy certainly shows us a kinder sensitivity in the simple life of Gerasim, class differences nevertheless prohibit true dialogue, offering no bridge of language for the answers Ivan Ilych seeks about the meaning of life. Relationships need words as well as gestures.

Instead, the "voices" with which Ivan Ilych is ultimately able to engage are not ones that are usually recognized in Bakhtin's sociopolitical approach to the novel: his own body and himself. The "voice," or reality, of Ivan Ilych's pain breaks through the falsity of the other voices that surround him, and it remains with him throughout his suffering. Literally voiceless, though, Ivan Ilych's pain, like Gerasim's class-created voicelessness, offers no comfort, no explanation. For these, Ivan Ilych must finally enter into a dialogue with himself, as his personal voice ultimately separates itself from his professional/class voice. Only then is he able to find meaning in his life, but it is a meaning that must condemn the life he has lived up until the moment of his dying.

Tolstoy has created a world where dialogue across—or even within—the private and professional heteroglossia seems nigh unto impossible. Ivan Ilych's "salvation" is shared by no one, offering no consolation, inspiration, or instruction to anyone but the readers of the story. The world that Ivan Ilych leaves seems totally unchanged by his passing—including Gerasim and, probably eventually, Ivan Ilych's son. Even language, rooted in materialism and corrupted by professionalism, has blocked personal communication and forced people to lead lives of isolated fear and jealousy. A dialogic approach to *The Death of Ivan Ilych* challenges a reading of the story's ending as positive or redemptive. It turns discussion away from the process of dying to the oppressive strength of professional distance—and its relation to personal fulfillment or spirituality. Finally, it asks readers to examine the process by which professional/material language replaces personal, emotional language and—more important, especially to health professionals—the personal consequences of that *dis*placement.

—*Suzanne Poirier*

### How Many Children Had Praskovya Fedorovna?: A Feminist Hermeneutics

A feminist reading that moves Praskovya Fedorovna from the margins of the death of Ivan Ilych to the center of his "most ordinary, and therefore most terrible" life must return to its low point, "when an unanticipated and unpleasant occurrence quite upset . . . [its] peaceful course" (426). Ivan Ilych is passed over for a judgeship in a university town, and this disappointment interrupts life's "pleasant," "proper" flow. The lost position would have meant not only the larger salary that Ivan Ilych feels he needs, but also a move from the city Praskovya Fedorovna does not like, where "things [had] continued for another seven years. His eldest daughter was already sixteen, another child had died, and only one son was left, a schoolboy and a subject of dissensions" (426).

"Another child"?

We are reminded of their arrival in the town. How many children had Praskovya Federovna? The question itself is not necessarily a feminist one.[8] Methodologically it is part of a hermeneutic inquiry about the text, the first question of an inquiry that, like a clinical encounter, begins by asking: What is going on here? The answer has been slipped into two paragraphs that seem meant to serve as evidence of Praskovya Fedorovna's uncooperative nature:

> They moved, but were short of money and his wife did not like the place they moved to. Though the salary was higher the cost of living was greater, besides which two of their children died and family life became still more unpleasant for him. . . .
>
> Praskovya Fedorovna blamed her husband for every inconvenience they encountered in their new home. . . .
>
> So things continued for another seven years (425–26).

Two of their children died soon after their move; three are dead; only two survive. The answer is five.

The body count masks a more important question: Why have we just now noticed? The births and deaths of children are events we are invited to skim past as the narrator replicates the tone of Ivan Ilych's life: smooth, flowing, only occasionally interrupted by an untoward event (and these deaths scarcely qualify) and then quickly set right again. Indeed, we have passed this couple's children right by. "More children came. His wife became more and more querulous and ill-tempered, but the attitude Ivan Ilych had adopted towards his home life rendered him almost impervious to her grumbling" (425). What we know best about these children is that their parents' troubles began with the birth of the first—was it their daughter Lisa? or a child now dead? Such details, the story implies, are negligible. This is Ivan Ilych's story.

But what if we were to tell Praskovya Fedorovna's story—or the story of their marriage? The deaths of three children would have much more prominence, and a narrator who made more of the loss of children would have to record in more detail their arrival. We would see from another angle Ivan Ilych's disappointed discovery that marriage, far

from improving "the easy, agreeable, gay, and always decorous character of his life, approved of by society and regarded by himself as natural" (423), means a wife who is soon pregnant, demanding, jealous, and who "expected him to devote his whole attention to her, found fault with everything, and made coarse and ill-mannered scenes" (423). She wants him to stay home with her! The untold story would give us another view of Ivan Ilych's withdrawal from the marriage, his detachment from the birth and death of his children, his subordination of them to his career and to his sense that life ought to proceed swimmingly.

A refocused account does not alter our assessment of Praskovya Fedorovna's character, but it does deepen our sense of her impoverishment. Ivan Ilych's life is not horrible for himself alone. Even without our understanding exactly the cultural expectations of that different time and place, the story we do have makes it clear that Praskovya Fedorovna had hopes of marriage and family life that were not met. She has lost three of her five children; their births and deaths have been recorded in her husband's life only as her response to them has disturbed him. Marriage and life in a family, always sources of humility and self-knowledge, have been poisoned, for Praskovya Fedorovna as well.

Such a decentered reading of *The Death of Ivan Ilych* is useful in medical education not only because it is far more appealing (and therefore potentially more effective) than a lecture on family systems, but also because it suggests the complicated nature of even the most obvious social and emotional "facts." But we need not impose this reading on our students. As men and women of marriageable age, they are inclined in any case to comment on the vexed relationship, the calculating, nagging wife, the beleaguered, long-suffering husband. In a class discussion, some of them, men as well as women (though perhaps not in proportionate numbers), can be relied upon to question the standard (poor-Ivan) view, a view shared by the story's narrator. In the process, the understanding of *The Death of Ivan Ilych* is enriched: without invalidating one person's account of events, we must see that it is necessarily partial; without losing sight of Ivan Ilych's bodily pain, we must acknowledge that his suffering is far more than physical and, far more than even his author knew, deeply rooted in his life and values.

Although "[h]is life had not been what it should have been" (469), the judgement Ivan Ilych passes on his life applies as well to his marriage, to the life Praskovya Fedorovna has led as a bourgeois woman, and to their life together. Ivan Ilych's last act is both involuntary and, given the dark night of the soul he has passed through, thoroughly earned. At the end of three days of torment, his hand, flung out, falls on his son's head; the boy's kiss jolts him through the hole in the black sack into which his pain had crammed him and out towards the light. He is suddenly aware of his son and wife. He "felt sorry for him. . . . He felt sorry for her too" (469). This is a new beginning for his relationship to his wife and son, a first act of generosity and selflessness in the Golovin family. In all probability, it is also the last. Ivan Ilych's

story is one of Christian, even personal, triumph. But, as we have seen at the story's beginning, the human relationships in this world remain as corrupt and corrupting as ever: simple, ordinary, most horrible.

—*Kathryn Montgomery Hunter*

### From Text to Text

The Norton Critical Edition of *The Death of Ivan Ilych* footnotes the phrase "The syllogism he had learnt from Kiesewetter's Logic: 'Caius is a man, men are mortal, therefore Caius is mortal.'"[9] J. B. Kiesewetter, the footnote explains, published a logic textbook widely used in Russian schools. The publisher, by including this note, acknowledges that we twentieth-century Americans do not share the same texts as Tolstoy's contemporaries; as we read Tolstoy's story, we are not expected to be familiar with this once-common school textbook. This note is but one of a series, which explains the various outside texts that surround and pervade Tolstoy's narrative. Norton includes explanations of French phrases, mid-seventeenth-century reforms, hairstyles, comedy plays, judicial changes, Sarah Bernhardt's tour of Russia, and charitable organizations. For the nineteenth-century Russian reader, the significance of *Ivan Ilych* was dependent upon communally shared texts, for *Ivan Ilych* is a work assembled out of other texts: it is intertextual. "Intertextuality," as Julia Kristeva suggests, describes "a field of transpositions of various signifying practices."[10] No text exists as a self-enclosed entity lacking relations to other texts, for each derives its meaning by referring and responding to previous texts. These previous texts are not only explicit texts, like a Russian schoolbook, but also implicit, those texts whose presence makes meaning itself possible.

One of the intertexts surrounding *Ivan Ilych* is Tolstoy's *A Confession*. In this work Tolstoy recounts his personal spiritual crisis, which began as he wrote *Anna Karenina*. After his religious rebirth, Tolstoy renounced his earlier literary works as trivial and lacking moral direction. In *A Confession*, Tolstoy relates the onset of this crisis in a way that could be a synopsis of *Ivan Ilych*: "And then, what happens to everyone stricken with a fatal inner disease happened to me. At first minor signs of indisposition appear, which the sick person ignores; then these symptoms appear more and more frequently, merging into one interrupted period of suffering."[11] As with Ivan Ilych, Tolstoy recalls receiving no relief from the people of his class and turning to the Russian peasant as a model for living. Analogously the peasant Gerasim provides Ivan Ilych with physical and spiritual relief because he accepts the inevitability of death: as Gerasim states, "We shall all die, so why should I grudge a little trouble?"[12]

In *A Confession*, Tolstoy writes of how "contrary to us," the "poor, simple, uneducated folk" are able to accept calmly sickness and grief.[13] He recalls the moment in which he regained faith in God, in images of rebirth and light: "'Live in search of God and there will be no life without God!' And more powerfully than ever before everything within and around me came to light, and the

light has not deserted me since," and he reworks the image at Ivan's deathbed: "In place of death there was light."[14]

We should not, though, privilege Tolstoy's spiritual recollections over the other texts that surround *Ivan Ilych*, for, as Terry Eagleton notes, "The biography of the author is, after all, merely another text."[15] By understanding *A Confession* as an intertext, we are not merely uncovering "sources" but tracing the various references to other texts that made *Ivan Ilych* intelligible to Tolstoy's contemporaries. With the recognition of these assumed intertexts, we can appreciate the religious import of this work for its nineteenth-century audience. *Ivan Ilych* had this significance because of its relation to these other texts. Any shift in textual relations will result in a shift in signifiers and thus in meaning.

As medical humanities has appropriated *Ivan Ilych*, the narrative has become woven within a new web of textuality. Tolstoy's story became related to a new set of texts: x-rays, medical histories, pathographies, case presentations. In this textual web *Ivan Ilych* becomes an intertext that reinterprets the texts of the medical community. Tolstoy's drama is often read within the setting of medical education in the hope that it will supplement the physician's text of "disease" with a patient's text of "illness." Robert Coles in *The Call of Stories* relates how he came to a new understanding of the story of Ivan Ilych through caring for the dying Enrico Fermi, who considered the story a profound source of comfort: "I had remembered only the anxiety of the suffering Ivan Ilych, his gloom, and had forgotten the last pages of the story—the transfiguration of suffering, the acceptance of death by an ordinary man."[16] Julia Connelly in "The Whole Story" relates an encounter with a patient in which he and Ivan Ilych become inseparable for her. "I almost called him Ivan! His pain overwhelmed me; his suffering was immense. I had been with him only a few moments before a vivid image of Tolstoy's Ivan Ilych occurred to me."[17] Connelly then connects her patient and "Ivan" with Tillie Olsen's long-suffering "Eva" and another of her patients.[18] This juxtaposition of Tolstoy and Olsen is unique to the concerns of medical humanities, two texts from disparate cultures and periods brought together solely because they depict the experience of illness and death.

By becoming entangled within these other texts, Tolstoy's narrative has become part of a distinct communal intertextuality. In the medical humanities, *Ivan Ilych* teaches physicians how better to understand and care for their patients, not (as for nineteenth-century readers) how to save their souls. As Roland Barthes noted, this is the natural result of historical shifts in readership. For each community reads the text in relation to quite distinct and different texts, and the reader is "the space on which all the quotations that make up a writing are inscribed without any of them being lost; a text's unity lies not in its origin but in its destination."[19] As medical humanities takes into its canon other texts, including stories and poems not overtly concerned with disease and

suffering, it will reassign those texts new meanings and interpretations in association with other texts, including *The Death of Ivan Ilych*.

—*Tod S. Chambers*

### Responding to Ivan Ilych's Death: A Burkean Perspective

The works of Kenneth Burke offer not a solitary theory but a wide range of conceptual terminology—what he calls "equipment for living"—that can help us to see how a piece of literature works rhetorically, that is, how it persuades and "induces cooperation."[20] At the heart of Burke's perspective is the idea that human action is symbolically motivated; in his terms, these motives are manifested in their contradictory or complementary aspects. He postulates that human beings socially organize in hierarchial fashion, divided by class, ethnicity, and other differentia. Such divisions serve either to set people further apart or to find ways to identify and discover common ground. Because no one always stays within the regulations of the social order, humans are inherently motivated or "goaded" simultaneously by a sense of guilt and a yearning for perfection. Our lives can be seen as a continual series of transformations or trancendences, working through guilt toward redemption. "Transcendence," then, is a process that moves us beyond our individual differences to a higher level of understanding. Redemption must be earned through mortification and sacrifice. Literature enables readers to strive towards redemptive catharsis through symbolic victims like Ivan Ilych. Burke acknowledges death as a major source of mystery in life, thus his viewpoint is particularly appropriate to the story of a person coming to grips with dying.

During Tolstoy's self-questioning prior to his own religious rebirth, he asked, "Is there in life any purpose which the inevitable death awaiting me does not undo and destroy?"[21] The story of *Ivan Ilych* "argues" that this very undoing provides the way to transcendence. Through the experience of critical illness, Ivan Ilych comes to realize that the rules of propriety that he has observed throughout his life—what he mistook for perfection—have hidden the truth: that he desires tenderness, rather than status and power; that those around him are denying the fact that he is dying. Using Burke's key concepts of identification and transcendence to reveal the responses of other characters to Ivan Ilych's dying helps to explain how this argument works with readers.

The characters in Ivan Ilych's story are decent but flawed individuals with whom readers identify on both accounts. Peter Ivanovich, the dead man's closest friend, feels awkward at the funeral viewing the corpse and talking with the widow, all the while thinking he would prefer to be playing cards. Lisa, Ivan Ilych's daughter, expresses frustration and the limits of empathy when her father's illness mars the happiness of her engagement: "I am sorry for papa, but why should we be tortured?" (465).

His wife, Praskovya Fedorovna, is initially depicted as cold and calculating, wanting to discuss at her husband's

funeral how to increase his government pension. As the story unfolds, however, the text gives us an alternative to Ivan Ilych's point of view; this woman also proves to be an adequately devoted wife and caretaker, despite marital problems. She tries to get the best medical care for her husband, puts up with his temper tantrums, and feels some degree of pity for his suffering and futile hopes of recovery.

As readers identify with these characterizations of the healthy and living, they simultaneously divide from the ill and dying Ivan, and by inference, the spectre of death in their own lives. Even Ivan Ilych himself, as his condition worsens, feels separated from his former self and can no longer reconcile his vivid childhood images with what is happening to him.

Identification is a process that not only connects readers with the text, but also links characters within the narrative. In this case, fatal illness has created circumstances that bind together Ivan Ilych and his servant, Gerasim, physically and spiritually. Gerasim, acting outside the propriety of the upper class, is able to be truthful in acknowledging Ivan Ilych's dying. Although Ivan Ilych and Gerasim belong to different social worlds, they come to identify with one another consubstantially, through the sharing of substance: Gerasim ungrudgingly carries out his master's wastes, lifts Ivan Ilych's legs onto his shoulders, and recognizes that he himself may be in that position some day. However, the Burkean observation that identification and division are organically related may be evidenced in our responses to this aspect of the text. Readers can admire Gerasim's goodness and lack of pretense while, ironically, feeling distanced from him, wondering if they would react as well in that situation.

The transformative moment for Ivan Ilych comes when he is able to see his family's misery instead of focusing on his own. At that point, he can transcend his pain and mortification, and move peacefully towards the perfection of death, which no longer seems so mysterious to him. His young son, Volodya, is a key symbol of this transformation. He is the only family member who identifies with Ivan Ilych, approaching his father during the height of his anguish and genuinely mourning his death. In witnessing his father's suffering, the son is transformed as well, becoming consubstantial with the guilt and enlightenment Ivan Ilych came to know in his dying. At the funeral, Peter Ivanovich notes that Volodya, no longer an innocent, looks like the young Ivan Ilych and that "his tear-stained eyes" have a look that had ceased to be "pure-minded" (417).

Similarly, the victimage of Ivan Ilych moves readers toward a Burkean "transcendence" of their understanding of the meaning of living and dying. We cannot know the mysteries of anyone else's death, but Tolstoy's story provides a basis upon which to think self-reflexively about our reactions to illness, suffering, and the prospect of our own demise.

*—Barbara F. Sharf*

## II. Clinical Implications of Theoretical Perspectives

### Literary Theory: A Response

Before commenting on the place of literary theory in medical school, I want to say why I think literature itself belongs in the medical curriculum. Each winter, a small group of senior medical students and I meet for four afternoons to discuss an assortment of poems, memoirs, and stories about sickness and doctoring. The readings deal with two realities not adequately addressed by biomedically-oriented accounts of illness and medical care: the human experience of being sick or disabled and the equally human experience of caring for those who are sick or disabled. My readers theater adaption of *The Death of Ivan Ilych*, which began as an extracurricular offering to second-year medical students, is now part of the "Interviewing and Physical Diagnosis" course.

Good stories about sick or disabled human beings help students of medicine take more seriously an aspect of sickness or disability about which biomedical science can say little—the patient's subjectivity, his or her lived *experience* of being sick or disabled. Good stories about doctoring can help medical students reflect on their personal experience, review problematic attitudes and behavior, and speak frankly about the joy and sorrow of their work. The fact that literature's way of knowing can valuably complement scientific ways of knowing about sickness and disability argues for its use in the core of the medical curriculum, not just in a "Literature and Medicine" course like the one I have just described. One story that clearly belongs in the medical curriculum is *The Death of Ivan Ilych*. Tolstoy's story does more than tell the reader about the plight of a mortally ill man. To some extent, the reader actually *experiences* Ivan Ilych's suffering, especially his dreadful isolation, as well as the relief afforded by his servant's compassion.[22]

Now, what about literary theory in medical school? On the one hand, using literary theory to dissect a story like *The Death of Ivan Ilych* might diminish the story's overall effect. Taking the story apart might prevent the student from experiencing, in an unselfconscious manner, both Ivan Ilych's suffering and the student's own compassionate response to that suffering. On the other hand, the close readings of *Ivan Ilych* provided by the authors of this paper offer insights of value to both students and teachers of medicine.

For example, Suzanne Poirier's reading focuses on the dialogue—or, more accurately, the lack of meaningful dialogue—between the mortally ill Ivan Ilych and those who could help him the most—family, friends, and physicians. Without such dialogue—painful though it may be—the suffering of a sick person cannot be accurately ascertained, let alone acknowledged and addressed.

Kathryn Hunter's feminist reading of *Ivan Ilych* helps us remember that no story is ever the "whole story." Tolstoy tells us a lot about what it was like to be Ivan Ilych, but very little of what it was like to be Praskovya Fedorovna, Ivan Ilych's wife and the mother of his chil-

dren. Of course, as Hunter observes, this is Ivan Ilych's story, not his wife's. Or is it more important to remember that it is, above all, *Tolstoy's* story? It is Tolstoy who has chosen to imagine in great detail Ivan Ilych's mental and physical anguish and to provide only a superficial, unflattering portrait of Praskovya Fedorovna. Every story, whether fact or fiction, has a point of view (sometimes more than one) from which the story is told. Every story inevitably conceals as much as or more than it reveals. Appreciating that fact alone can help medical students and their teachers understand that a biomedically-oriented case history is, in fact, a very limited account of a person's sickness.

Tod Chambers's discussion of intertextuality includes an account of Julia Connelly's experience of encountering a patient whose situation was so like Ivan Ilych's that she almost called him "Ivan." For Dr. Connelly (and for me and many other physicians), Tolstoy's Ivan Ilych is a paradigmatic case, a specific instance of mental and physical suffering that helps us to imagine what patients in similar situations may be suffering.

Barbara Sharf uses the theories of Kenneth Burke to explore the deeper meanings of *Ivan Ilych*. As Sharf observes, we readily identify with the "decent but flawed" characters who are close to Ivan. We recognize ourselves in their inadequate but all-too-human responses to Ivan Ilych's suffering and death. It is not surprising that we find it more difficult to identify with Gerasim and his compassionate response to Ivan Ilych's suffering. In Burkean terms, we are being asked to transcend instinctive reactions to Ivan Ilych's plight, reactions of avoidance, fear, and disgust, and to achieve a higher level of understanding what it means to be human.

Ann Stanford asks us to consider the function of a work like *Ivan Ilych* and suggests that its popularity in medical circles has less to do with its value as a paradigmatic case of human suffering than with the consolation its "happy ending" provides to physicians constantly confronting the pain and suffering that ends in death. Stanford's question—What is its function?—might well be asked about some nonliterary, everyday speech and writing in teaching hospitals. For example, what is the function of a case presentation made by a medical student on rounds with house staff and attending physician? A close reading of the text of such presentations discloses that such exercises are more than a means of communicating the facts of the case from junior to senior members of the team. These exercises have a strong rhetorical component. A presenter hopes not only to present, say, a history, physical examination, and laboratory findings in such a way that will communicate information but also to persuade listeners of his or her professional competence. Unfortunately, in doing so the student quickly learns to use rhetorical devices that enhance the credibility of physicians' findings and minimize the importance of what patients have to say, especially about their subjective experience of sickness and medical care.[23]

Perhaps, then, there is a place for literary theory in medical education, if the medical humanities are to play, as Stanford

puts it, "a fundamentally critical and subversive role, challenging medicine to examine its priorities and assumptions." Close readings of case histories, case presentations, medical records, and clinicians' day-to-day conversations about patients could help health professionals appreciate the fact that much contemporary medical discourse ignores or even denigrates the humanity of sick persons. Such an appreciation might conceivably lead to some much-needed reforms.

—*William J. Donnelly*

## Beyond Absolutes: A Response and Discussion

Bringing literary theory into medical school may seem even more out of place than teaching literature in this setting. But presenting the latter without a sense of the former may do a disservice to the students we strive to teach. My evaluation of the use of literary theory is based on what it brings to the education of medical students in two areas of development that are currently lacking in today's medical school curriculum: first, increasing the level of compassion; and second, increasing awareness of the many layers of reality, their interconnectedness, and the importance of perception and point of view in appreciating these layers.

These two imperatives are actually closely related. My bias is that the larger or more nearly whole a picture one has, the more naturally compassion will flow from a concomitantly deepened understanding. What we are challenging is a Cartesian model promulgated in the first two years of medical school. This model holds that human beings are simply complicated machines that when broken can be taken apart and fixed by placing the individual parts, each of which has been named and memorized, under closer and closer scrutiny. This has led, in part, to the sorry situation we find ourselves in, that of super subspecialization and a loss of motivation to care for people. We marvel at cells under a microscope but the patients from whom those cells come too often hold no intrinsic interest in and of themselves.

One trap that we are trying to help students avoid is seeing the patient as other, as enemy. This is often the reaction of overwhelmed medical students who take their cues from overworked residents. Roadblocks to good patient care such as describing patients as "noncompliant" or "demanding," using terms like "this patient population," and labeling patients solely by their disease are at least partially the result of the apprentice practitioner's judgment of the patient being based on superficial, often simple-minded, analysis and stereotypes.

A critical reading of literature is one way to encourage students to avoid these traps. The examples of analysis presented in this paper show how different readings, when applied to a much-read story like *The Death of Ivan Ilych*, afford a richness of meaning that moves us closer to the goal of increasing awareness of human complexity, and with it, an increase in compassion.

Barbara Sharf's Burkean analysis illustrates how the process of identification with characters—in this case, other family members—tends to remove us from the dying person. One remarkable

aspect of this type of analysis is that it can become experiential for the student simply by asking the question: "Did you feel this as you read the novel?" Importantly, what is initially an intellectual approach becomes the means by which a student can move into a heightened sensitivity and awareness of his or her own feelings.

Suzanne Poirier, in her Bakhtinian analysis of the novel, provides a framework to look at values, meaning, and the stultifying effect of professional language on human relations. Kathryn Hunter, borrowing from feminist theory, asks questions that would not otherwise have been asked of the novel, and that allow students to question the narrative construction of Ivan Ilych's spouse and marriage. Tod Chambers shows how the web of intertextuality and historical moment affect our understanding of a given work. Finally, Ann Stanford's focus on discourse theory opens broader issues of the function of this text in society as a whole. Why *this* book? What is the social agenda fulfilled by our choice of this text?

Must medical students know the theories that are being used to analyze the text? No. They need different theoretical perspectives that thoughtful discussion (and discussion leaders) can provide. This multiple perspective is integral to reaping the benefits of literature in medical school because many aspects of the first two years of medical education lead to a simplified dichotomizing, either/or, right/wrong, or multiple choice approach to life. This, in addition to the students' lack of nonmedical reading, leaves them in need of various frameworks in which to understand the literature and broaden their sense of reality.

Another reason for employing theoretical methods is the importance of having the students appreciate how different theories privilege certain ways of reading and interpreting literature, while ignoring or silencing others. By presenting various points of view through different theories, by being openly ideological, this approach to literature will help to check the reductionist, mechanistic thinking often associated with traditional medical school curriculum.

I would end with two important warnings. First, merely integrating perspectives of literary theory into the classroom will obviously not in and of itself make medical students compassionate. Second, I do not advocate using these theories to read patients like texts; this would do our patients a grave injustice. These theories, when presented as a way of shedding light on the web of realities in a literary text, have the potential of opening eyes and hearts to life's complex mystery. The more we can ask students to appreciate this mystery, then—just maybe—the more they will relish getting to know and ultimately care for their patients.

*—Daniel J. Brauner*

## Conclusion

J. Hillis Miller, tracing the development of literary studies and literary theory in the United States, dismisses what he considers to be a fundamental presupposition about the role of literature in society; that is, the notion that the study of literature "plays a fundamental role in the cultural formation of

the citizen."[24] Good reading strategies and methods do not necessarily make good human beings, but, Miller argues, they can (and should) make "something happen."[25] For Miller, the "something" is the result of learning to "read all the signs with which [we] . . . are surrounded and to resist being repressed or oppressed by imaginary formulations of [our] real relations to the material, social, gender, and class conditions of [our] existence."[26]

The teaching of literature to medical students at its most powerful would include analyses of repressive and oppressive conditions, but, more important, would go beyond a focus on the oppression of the reader to examine and account for the ways the readers (ourselves and our students) maintain and reproduce oppression—and ignorance. In addition, good reading would note the moments in a text when oppression and ignorance are overcome, when human failings are transformed into strengths, and when blindness becomes insight. With due respect to Miller's views about literature and citizenship, strategies of good reading, by making "something happen," also have great potential to develop individual conscience, imagination, and the capacity to think, to feel, and to move with and on behalf of others. Such reading strategies have the marvelous potential of becoming, to borrow from Houston Baker, "disruptively influential."[27]

The writers of this essay demonstrate how applying various theoretical lenses allows new figurations of meaning to emerge. And with new meanings—new ways of seeing and reading—we and our students may be confronted with imaginative constructs that corroborate, critique, and/or challenge our own. Indeed, "good reading" does make something happen. Our hope as educators of medical students is that the "something" will ultimately benefit the patients our students serve and will help shape what is sure to become an increasingly complex enterprise—the practice of medicine in the twenty-first century.

*—Ann Folwell Stanford*

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# Notes

1. See William Frank Monroe, Warren Lee Holleman, and Marsha Cline Holleman, "Is There a Person in This Case?" *Literature and Medicine* 11, no. 1 (1992): 45–63.

2. This panel was originally presented at the Annual Meeting of the Society for Health and Human Values, Memphis, Nov., 1992.

3. Paul A. Bove, "Discourse," *Critical Terms for Literary Study*, ed. Frank Lentricchia and Thomas McLaughlin (Chicago: University of Chicago Press, 1990), 62.

4. Ibid., 59.

5. Barbara Herrnstein Smith,"Contingencies of Value" in *Canons*, ed. Robert Von Hallberg (Chicago: University of Chicago Press, 1984), 5–39.

6. M. M. Bakhtin, *The Dialogic Imagination*, ed. Michael Holquist, trans. Caryl Emerson and Michael Holquist (Austin: University of Texas, 1981), 41–55, 259–422.

7. All quotations, unless otherwise indicated, are from *The Death of Ivan Ilych* in *The Short Novels of Tolstoy*, trans. Aylmer Maude (New York: Dial, 1946), 455.

8. Two decidedly non-feminist scholars have addressed the questions with regard to *Macbeth*. A. C. Bradley speculated that Lady Macbeth might have had children from an unmentioned earlier marriage. The fictionalized historicism was ridiculed by L. C. Knights in an early formalist essay, "How Many Children Had Lady Macbeth?" in Knights, *Explorations: Essays in Criticism, Mainly on the Literature of the Seventeenth Century* (New York: G. W. Stewart, 1947). See A. C. Bradley, "Note DD: Duration of the Action in Macbeth. Macbeth's Age. 'He Has No Children,'" *Shakespearean Tragedy* (1904; reprint, New York: Meridian, 1955), 396–401.

9. *The Death of Ivan Ilych in Tolstoy's Short Fiction,* ed. Michael R. Katz (New York: Norton, 1991), 149 (hereafter cited as Katz, ed.).

10. Julia Kristeva, *Revolution in Poetic Language,* trans. Margaret Waller (New York: Columbia University Press, 1984), 60.

11. Leo Tolstoy, *A Confession and Other Religious Writings,* ed. and trans. Jane Kentish (Harmondsworth, Eng.: Penguin, 1987), 28.

12. Katz, ed., 154.

13. Tolstoy, *A Confession,* 39.

14. Katz, ed., 167.

15. Terry Eagleton, *Literary Theory: An Introduction* (Minneapolis: University of Minnesota Press, 1983), 138.

16. Robert Coles, *The Call of Stories: Teaching and the Moral Imagination* (Boston: Houghton, 1989), 166.

17. Julia E. Connelly, "The Whole Story," *Literature and Medicine* 9 (1990): 152.

18. Ibid.; Tillie Olsen,"Tell Me a Riddle," *Tell Me a Riddle* (New York: Dell, 1961), 63–116.

19. Ronald Barthes, "The Death of the Author" in *Image, Music, Text,* ed. Stephen Heath (New York: Hill and Wang, 1977), 148.

20. This highly compacted overview emphasizes key concepts that recur throughout Burke's writings. Sources that were specifically consulted for this purpose include his *A Grammar of Motives* (Berkeley: University of California Press, 1969); *A Rhetoric of Motives* (Berkeley: University of California Press, 1969); *Language as Symbolic Action: Essays on Life, Literature, and Method* (Berkeley: University of California Press, 1968); *Permanence and Change,* 2nd ed. (Indianapolis: Bobbs-Merrill, 1965); *The Philosophy of Literary Form: Studies in Symbolic Action,* 3rd ed. (Berkeley: University of California Press, 1973); *The Rhetoric of Religion: Studies in Logology* (Berkeley: University of California Press, 1970); and Leland M. Griffin, "A Dramatistic Theory of the Rhetoric of Movements," in *Critical Responses to Kenneth Burke,* ed.William H. Rueckert (Minneapolis: University of Minnesota Press, 1969), 456–478.

21. As cited in, Burke, *A Grammar,* 288.

22. William J. Donnelly, "Experiencing 'The Death of Ivan Ilyich': Narrative Art in the Mainstream of Medical Education," *Pharos of Alpha Omega Alpha* 54, no. 2 (1991): 21–25.

23. R. R. Anspach, "Notes on the Sociology of Medical Discourse: The Language of Case Presentation," *Journal of Health and Social Behavior* 29 (1988): 352–75.

24. J. Hillis Miller,"The Role of Theory in the Development of Literary Studies in the United States" in *Divided Knowledge: Across Disciplines, Across Cultures,* ed. David Easton and Corinne S. Schelling (Newbury Park, Calif.: Sage, 1991), 125.

25. Ibid., 136.

26. Ibid., 137.

27. Ibid., 139.

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# Alexander L. Tchijevsky: "Exquisite Poet-Philosopher," "Creator of New Sciences," or "Charlatan"

"NO SINGLE DAY without productive work" was the motto of A. L. Tchijevsky, an amazing combination of scientist, poet, and humanist. "Time played the most important role in all my activities," he wrote in his memoirs. "Time for the sake of thought, learning, memory, creativity, activity, and movement forward."[1] In a career that spanned the tumultuous years of early-twentieth-century Russia, Tchijevsky first earned the respect of colleagues and later, as the political climate changed, felt the sting of their scorn. He was imprisoned and exiled by the Soviet government, and praised for his originality by A. I. Solzhenitsyn.[2] He pursued, throughout his troubled life, careers in both the sciences and the arts, demonstrating in each the prodigious vigor that his motto suggests:

> He didn't turn his face from the Abyss.
> Inspired by the Truth
> He didn't tremble,
> was on the Last Watch:
> when fires Hell resembled—
> Cognition's Genius, a Scientist—he is!
> (A. L. Tchijevsky, "Pliny the Elder")[3]

*Alexander L. Tchijevsky at his palette as a young man*

## Early Life

Alexander Leonidovich Tchijevsky was born on January 26, 1897, in Ciechanowiec, the Polish area of Russia. His father, Leonid Tchijevsky, was an ordinance general from a family of military men dating back to the second half of the eighteenth century. His mother,

by Arsen P. Fiks

Nadezhda Neviandt, of Dutch origin, was from a family of mining engineers. She died when he was only a year old. He was raised by his paternal aunt and grandmother.[4]

From the age of four, Tchijevsky could read both Russian and French. By the age of ten, he had evidenced interest in poetry, science (astronomy in particular), and science fiction. At about twelve, he wrote a scientific thesis, *The Most Brief Astronomy of Doctor Tchijevsky, Put Together According to Flammarion, Klein, and Others*. He became interested in Halley's comet, and later he became, in his own words, "the sun's admirer."[5] During his teenage years, Tchijevsky's interest in science was complemented by a developing interest in art, music, and poetry. He already possessed the discipline of character that would underpin his extraordinary productivity as an adult.

He graduated from a private technical high school in the city of Kaluga in 1915 and entered the Moscow Archeological Institute to study archeology, history, and the humanities. He served briefly as a volunteer soldier during World War I, but was wounded early, discharged, and awarded the St. George's Cross. He returned to his studies and graduated from the Archeological Institute in 1917. During that time he also enrolled in the Institute of Commerce in order to study mathematics and statistics, finishing his work there in 1918. He audited courses in physics, mathematics, and medicine at Moscow University, and taught archaeological methods there between 1922 and 1924. He consulted for the Institute of Biophysics for several years, and held progressively responsible positions within the Soviet scientific assembly.[6]

***The cover art from a 1987 volume of Tchijevsky's poetry and paintings***

Before World War II, the Soviet scientific establishment was increasingly organized to conduct mainstream western scientific research. Tchijevsky's work in a new discipline, *cosmobiology* (the influence of cosmic and biospheric factors—especially solar activity—on human beings), was less appreciated. A 1935 issue of *Pravda*, the newspaper of the Communist Party Central Committee, condemned his theories in "Against Scientific Hack-Work," which described Tchijevsky's research as "based not on some experimental facts . . . but on his theory of cosmic action of solar rays, . . . a defense of middle-aged sorcery."[7] The

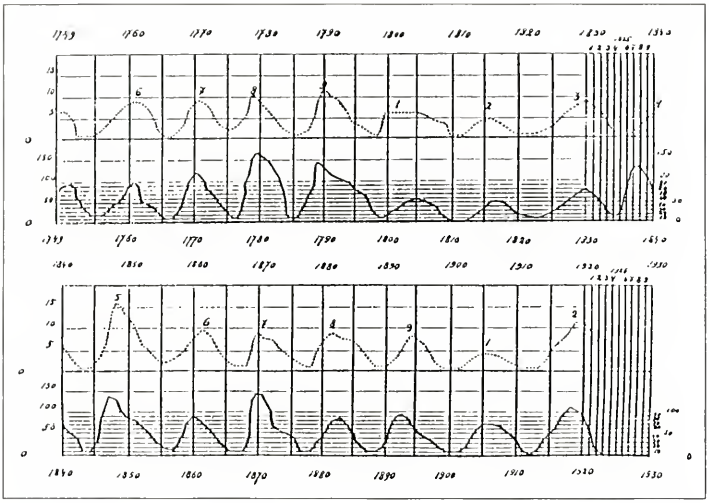
following year, an editorial in *Pravda* titled "Infinite Impudence of the Fraud Professor Tchijevsky" criticized his 1924 publication *Physical Factors of the Historical Process*, a volume that had received official sanction from the Minister of Public Education preceding its release. The editorial concluded: "A Charlatan is convicted once again. One should hope that there will not be any simple-hearted cranks now who believe that lout."[8]

That same year, perhaps in his own defense, Tchijevsky wrote: "New ideas penetrate the minds of even the most progressive scientists with great effort . . . . To convince mankind, apparently we need many decades, or sometimes centuries."[9] That sentiment forms the dramatic center of Tchijevsky's poem "To Galileo." Tchijevsky sees in Galileo's discovery of sunspots, in his battle with the scientific establishment, and in his fascination with the cosmos, a teacher, a kindred spirit, and a friend.

> And once again—
> The smears on the blaze
> And brightest minds dived in dark and craze . . .
> Famine and plague have come from place unknown
> And Throne, which stood for ages—
> Overthrown!
> Why rises rage of seas?
> Why whirls and blasting Nord
> Somehow turned to be in frightening accord?
> And how all the World contracted to condition,
> When bigots in the mobs run their competition?
> And flares of uprisings and unrest beset the kingdoms and became the pest?
> What happened with the World?
> What gloom is haunting us?
> But hovers silent Sun aloof the screaming mass . . .
> Oh! Teacher Galileo!
> My heart with You alone—
> The first of men to see
> The smears on the Sun . . . .[10]

While the poem makes Tchijevsky's personal identification with Galileo clear, it also lays out in a few brief lines his major premise of cosmobiology (or *heliobiology*, as he called it). The rhetorical questions raised in the poem are answered by Tchijevsky's juxtaposition of the silent, aloof Sun and the screaming mass on the Earth. The poem makes the metaphoric case for solar activity as the cause of uprisings, unrest, and earthly pestilence, just as Tchijevsky attempted to convince the scientific establishment of the literal truth of his theories. In the conclusion of *Physical Factors of the Historical Process*, for example, Tchijevsky makes a clear statement of his scientific beliefs:

> The principles of modern natural science have urged me to investigate whether there did not exist a correlation between the more important phenomena of nature and events in the social-historical life of mankind. In this decision, beginning in the year of 1915, I have performed a number of researches, but at present I am submitting to the public only those which are directed towards determining the connection between the periodical sun-spot activity and (1) the behavior of organized human masses and (2) the universal historical process.[11]



*Tchijevsky's primary scientific investigations centered around the premise that activity in and on the sun influenced events on the earth. During his lifetime he produced massive statistical data, including this effort from his 1924* **Physical Factors of the Historical Process,** *which plotted the relationship between cycles of solar activity (the lower lines) and periods of civil unrest (the upper lines).*

Tchijevsky saw the sun not only as the center of the solar system but as the genuine center of human life, an external representation of man's inner soul. In a poem titled "Sun," he writes of that identification:

> Oh, Royal Sun!
> Immortal, mighty Queen!
> Immortal soul's
> Incarnated Twin!
> God blessed Your fire!
> Thine Destine Dome
> To shine for ages in the eternal sky![12]

The scientist's fascination with the sun and its cosmos is an important part of the language of the poet—a language that allowed him as an artist to speak convincingly of universal truths that twentieth-century science was not willing to accept. The following lines from Tchijevsky's poem "To Hippocrates," for example, illustrate his deep belief in the interconnectedness of the biosphere with mankind:

> We—children of the stars and skies
> can comprehend
> Whatever we can see—
> sight falls on Motherland
> And multitudes of worlds are welded,
> bound, joined . . .
> In every little thing, in every tiny
> point . . . .[13]

### Tchijevsky in Exile

The First International Congress of Biophysics, Biocosmics, and Biocracy took place in New York at the beginning

of September, 1939.[14] Tchijevsky, at that time a forty-two-year-old professor with the Moscow Archeological Institute, was elected an Honorable President of the Congress. His actual participation, however, was not permitted by Soviet authorities—in fact, they allowed no delegates to attend the Congress. Moreover, approximately three years after the Congress, Tchijevsky was arrested in Moscow and held as a political prisoner in Siberia and then Kazakhstan, where he remained for the next sixteen years.

Tchijevsky had been invited to provide, in an opening address to the Congress, an outline of the goals of cosmobiology. His intent was to call for the establishment of an international program for its study. Tchijevsky believed, as no doubt did many of the Congress participants, that cosmobiologic research would show the influence of the cosmos and, in particular, the influence of solar activity, on human beings. He was convinced that an understanding of the relationship between cosmic activity and the biosphere would eventually lead to the protection, and therefore the prolongation, of both individual lives and the existence of all mankind. In Tchijevsky's absence, the delegates issued a memorandum describing his contributions to scientific research, crediting him as "a creator of new sciences."[15] They defined these as: *cosmobiology,* the science dealing with the influence of cosmic and biospheric factors on vital activity of organisms; *biorhymology,* the science dealing with dependent and autochronic rhythms of organisms; *aeroionology,* the science dealing with artificial regulation of atmospheric air (e.g., hyperbaric oxygen) for stimulation of vital processes and treatment of pathological processes; and *dynamic bioelectrostatics,* the science dealing with the movement of electrostatic charges in blood, tissue, and organs. The memorandum continues, lavishing praise on Tchijevsky and his work:

> One scientist is seldom lucky to detect, discover, establish, and prove so many natural phenomena, facts and laws. . . . It is a true pleasure for any scientist, medical doctor, biologist, and other naturalist in general . . . to study his works, because his works and ideas are in leading rows of modern science; they go ahead of it, and sometimes rather significantly. They are conspicuous not only with progressive innovation, depth, and clarity of thought, but also with elegant statements of the mathematical basis. . . . [Tchijevsky] is also an outstanding artist and an exquisite poet-philosopher, who embodies for us, living in the twentieth century, the monumental personality of a Da Vinci.[16]

The *Pravda* editorials from a few years earlier and the decision by the Soviet government to bar Tchijevsky's participation in the First International Congress signaled what was essentially the end of his official scientific career. From a contemporary viewpoint, his exile to Siberia and then Kazakhstan between 1942 and 1958 are predictable. Solzhenitsyn, in his book *The Gulag Archipelago,* provides just such a perspective:

> Even before camp, Tchijevsky was very much out of favor in our country because he had found a connection between

revolutions on earth, biological processes on earth, and solar activity. His scientific scope was out of the ordinary: the problems he concerned himself with were unexpected and did not fit into the convenient, accepted classifications of the world of science; it was not clear how they could be put to use for military and industrial purposes. Today, after his death, we read articles praising him.[17]

Tchijevsky's imprisonment and exile are the clearest statements of the attitudes against which his scientific career was pitted. His release in 1958, however, and his subsequent appointment as head of the USSR State Planning Commission Laboratory of Aeroionification brought little in the way of reparation. As late as the last month of his life, December of 1964, *Communist Party Life* published A. Yerokhin's bitingly satirical piece about Tchijevsky and his work on sunspots, titled "Dark Spots."[18] A retraction, printed in March of the following year, came too late for Tchijevsky to see: "A. L. Tchijevsky is an original scientist, one of the founders of a number of scientific, now well-known and accepted directions, with their definite overgrowing into the course of practical implication."[19]

While the destinies and discoveries of scientists may be quite different, their biographies tend to be quite similar. They are born, study, work, achieve, discover, and die. Many have only the *dash* between their year of birth and year of death to symbolize the achievements of their lives. Tchijevsky, however, as scientist, poet, artist, and humanist, leaves a richer legacy. He died on December 20, 1964, in Moscow. The struggle of his life is aptly symbolized by the inscriptions on his tombstone—the mathematical symbols of zero on the bottom and infinity on the top. His quest for knowledge is powerfully captured in his poetry:

***Alexander L. Tchijevsky, 1963***

> We cannot flee from our own heart—
> Oh, Yes!
> Escape from suffering is impossible—
> Oh, Yes!
> Oh, Mother-Matter, Your toll's so high—
> To reach the Knowledge,
> seeing the World from the Sky!
> ("The Matter")[20]

■

# Notes

1. Alexander L. Tchijevsky, *Entire Life* (Moscow: Sovetskaya Rossiya, 1974), 80. (All Russian titles have been translated for English-speaking readers.) Unless otherwise noted, biographical details are from this volume.

2. A. I. Solzhenitsyn, *The Gulag Archipelago*, 3 vols. (New York: Harper and Row, 1978), 3:62–63.

3. Tchijevsky, "Pliny the Elder," in *The Earthly Echo of the Solar Storms* (Moscow: Mysl, 1976), 366.

4. Tchijevsky, *Entire Life*, 16.

5. Ibid., 18.

6. *The Great Soviet Encyclopedia*, ed. A. M. Prokhorov, 3rd ed. (New York: Macmillan, 1975), 29:176.

7. B. Zavadovsky, "Against Scientific Hack-Work," as cited in A. Yerokhin, "Dark Spots," *Communist Party Life*, Dec. 24, 1964, pp. 67–69.

8. "Infinite Impudence of the Fraud Professor Tchijevsky," as cited in Yerokhin, "Dark Spots," 68.

9. Tchijevsky, "Pliny the Elder," 23.

10. Tchijevsky, "To Galileo," as reproduced in Victor Nikolaevich Yagodinsky, *Alexander Leonidovich Tchijevsky, 1897–1964* (Moscow: Nauka, 1987), 209.

11. Tchijevsky, *Physical Factors of the Historical Process* (Kaluga, U.S.S.R.: Gostepolitografiya, 1924), 71.

12. As reproduced in Yagodinsky, *Alexander Leonidovich Tchijevsky*, 364.

13. Tchijevsky, "To Hippocrates," ibid., 208.

14. "'Congress of Life' Begins Work Here: Approaches Study of Disease with a New Viewpoint," *New York Times*, Sept. 12, 1939, p. 27.

15. "Memorandum of Scientific Research of Prof. A. L. Tchijevsky," file 1703, inventory 1, Archives of the Academy of Sciences of Russia as cited in Yagodinsky, *Alexander Leonidovich Tchijevsky*, 261–69.

16. Ibid.

17. Solzhenitsyn, *Gulag Archipelago*, 2:482.

18. Yerokhin, "Dark Spots," 67–69.

19. "Conclusions of a Special Commission about the Scientific Heritage of A. L. Tchijevsky," *Communist Party Life*, March 6, 1965, pp. 75–78.

20. Tchijevsky, "The Matter," in *Earthly Echo*, 365.

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